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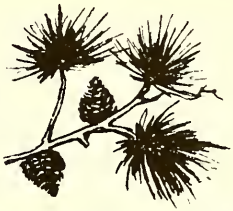
ISSN 0039-9620

TAR HEEL NURSE



Vol. 46, No. 1 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION Jan.-Feb. 1984

NCNA prepares for ANA convention

Two NCNA members are running for national office and face elections at the 1984 ANA convention in New Orleans in June.

Barbara Jo McGrath, immediate past president, is running for the ANA Nominating Committee. This is her first effort at national office in ANA.

Marian Davis Whiteside, faculty member at UNC-G School of Nursing, is running for one of two positions on the Cabinet on Human Rights. She has served a term as a Cabinet member.

Both candidates need campaign workers from among nurses who will attend the convention. They also need campaign funds. Members interested in helping with these campaigns should contact them directly or through NCNA headquarters.

NCNA's delegates to the 1984 House of Delegates will prepare for their important duties at two pre-convention meetings—April 18 and June 5. Both meetings will be held in headquarters.

Alternate delegates and any interested members also are invited to attend. Issues to come before the House of Delegates will be discussed.

NCNA has reserved a block of rooms for delegates at the Marriott. Members planning to attend the convention and who desire housing at the same facility as the official delegation may send their hotel reservation request forms listing this same choice to NCNA headquarters. We will send the forms as a group to the ANA Housing Bureau requesting that the rooms be blocked in the same facility with the official delegates.

Circle Tours has blocked seats on Delta for NCNA members flying to the convention from Raleigh-Durham, Greensboro, and Charlotte. Round trip fares available through Circle Tours are: Raleigh-Durham, $338; Greensboro, $327; Charlotte, $281. Nurses desiring to take advantage of these rates should contact Circle Tours, telephone toll free 1-800-682-8537. Identify yourself as a member of NCNA attending the ANA convention. Circle Tours offers $100,000 free insurance with each ticket.

NCNA Leaders map strategies for 1983-85

The 1984 orientation for NCNA commissions and committees, held January 6 at the N.C. State Faculty Club, was a rather unusual session. Its purpose was to prepare the Association leadership for the work of the 1983-85 biennium.

Members were greeted by the NCNA president, president-elect, vice-president, and staff, who were "dressed out" for the "NCNA Championship Game" in warm up suits complete with tennis shoes, NCNA coaching caps, and very loud whistles! The intent of this bizarre behavior was to spice up some otherwise "dry" information about bylaws and structure and to provide a feeling of team spirit.

The morning session was devoted to the "Rules of the Game"—otherwise known as structure charts—and to the "Team Players" and "The Game Plan." During the latter session Assistant Coaches Hettie Garland and Gale Johnston discussed NCNA priorities and strategies for the biennium. Coach Judy Seamon conducted the "huddle" and gave the various groups a post-luncheon charge to develop their own strategies to meet the priorities established by the 1983 House of Delegates.

At "half time" (lunch) the cheerleader, Carl Sapp, executive director of the N.C. Independent Telephone Association, was hilarious as he delivered a stimulating message: leaders in volunteer associations need to continue to give that "little push" to the membership to maintain growth and successful programs. He even gave the pompons a gutsy shake!

During the "second half" (afternoon session) committees and commissions met individually to develop strategies for (*continued on page 17*)

New voice greets NCNA visitors

"Good morning, North Carolina Nurses Association."

The friendly greeting will remain the same, but the friendly face is new. Lynn Jefferson joined the NCNA staff as secretary/receptionist on February 6. She assumes the role and front office desk recently vacated when Valerie Esparza resigned.

Lynn comes to NCNA from a position in a local church office. The three "old" staff members welcome her with open arms and a long list of "things to do." Welcome aboard, Lynn!

Lynn Jefferson

Message from the President

Judith B. Seamon

The orientation program for commission and committee members on January 6 was a rousing success. Presented in the format of the "NCNA Championship Game," we had great time and accomplished a great deal. The credit goes both to the staff who planned so creatively and to the participants who worked so enthusiastically.

The Board of Directors' retreat in early December was equally successful. We're off to a great start!

Moving into 1984, we must maintain momentum, as well as mount a real effort in another important arena—Election Year, 1984.

In case there are some who still don't believe that nursing and politics are related and similar, please consider this analogy.

In patient care, the Nursing Process is designed *to influence outcomes.* It is carefully and logically constructed system used to recognize and solve problems within our professional practice. It is a proven process and was included by nurses in the Nursing Practice Act to define clearly the practice of nursing.

In government, the Political Process—consisting of the elective and legislative components—is designed *to influence outcomes.* It, too, is a carefully and logically constructed system used to recognize and solve problems in the practice of living. Like the Nursing Process, it is a proven process, and the outcomes impact on nearly all aspects of daily living—operation of cars, education, business transactions, health care income, taxes, etc., etc., etc.!

In nursing, the Political Process has as much influence as the Nursing Process in that the Nursing Practice Act is one of its direct outcomes. In addition, the Political Process determines health care policies that affect providers as well as patients.

To date, NCNA has been successful in influencing some important legislative outcomes. Now we must be come equally successful in influencing elective outcomes.

Election Year, 1984, will determine who will be the decision makers in our government. As nurse citizens, it is our responsibility to use our influence in determining who those decision makers will be. The expertise in utilizing the Nursing Process to influence outcomes equips us to adapt to utilizing the Political Process to influence outcomes. Recognizing the similarities between the two and accepting our responsibility as the largest group of health care providers will motivate us to continue our efforts in legislation and strengthen our efforts in the elections.

To accomplish this, we must all register to vote; know the candidates' views and voting records, especially on health care issues; choose and work for candidates, identifying ourselves as nurses; and of course, vote. In addition, it is important to contribute financially to Nurse-Pac in order to allow collective nursing support and endorsement of candidates.

Nursing and politics have a very definite relationship. It is up to each of us to make it vital and positive. We can and we must do it!

Board creates 34th district

There is a new arrival in the NCNA family of district nurses associations!

Creation of District Thirty-Four for Catawba County was approved by the Board of Directors at its January meeting. Caldwell County retains the designation of District Twenty-Eight. District Twenty-Eight formerly was composed of Caldwell and Catawba Counties.

Nurses in the two counties petitioned the board to form the new one-county districts. Both districts can expect to gain some new members, since a number of non-members signed the petitions and made a commitment to join if the single-county districts were formed.

Carnegie at UNC-G as Distinguished Prof

M. Elizabeth Carnegie, D.P.A., F.A.A.N., has been appointed the first Visiting Distinguished Professor, The University of North Carolina at Greensboro School of Nursing, for the spring semester of 1984.

For 25 years Dr. Carnegie held editorial positions—assistant editor, *American Journal of Nursing;* associate and senior editor, *Nursing Outlook;* and chief editor, *Nursing Research.* Before joining the staff of the American Journal of Nursing Company, she was dean and professor, Florida A & M College School of Nursing, Tallahassee. For the last three years she has been Distinguished Visiting Professor, Hampton Institute School of Nursing, Hampton, Virginia. She is the author of several books and numerous articles in professional publications.

Communication efforts of JPC rejected

One of the objectives of the North Carolina Joint Practice Committee is to facilitate communication at the state and local levels between nursing and medicine.

In keeping with this objective, Joint Practice Committee requested and received approval from the N.C. Board of Nursing to submit for publication in the *North Carolina Medical Journal* those opinions and decisions of the Board of Nursing that affect the practice of both professions. A manuscript about the Board of Nursing's recent opinions was submitted to the *Journal* in December for publication.

The same request—to publish in the *Tar Heel Nurse* opinions and decisions of the Board of Medical Examiners that affect the practice of nursing,—was submitted last June to the Board of Medical Examiners. The request was denied. A letter to Hettie Garland, Joint Practice Committee chairman, dated six months later, stated:

"The Board believes that the functions of the respective Boards are the responsibilities of the Boards and not the Joint Practice Committee. The majority of the individuals with whom the Board of Medical Examiners deals neither reads the *Journal* nor belongs to the North Carolina Medical Society."

New program offered

The March of Dimes recently released a new nursing staff development program, "Nutrition and Weight Gain During Pregnancy." The program is approved through the New York State Nurses Association for 12 contact hours (12 CERPs).

NCNA recognizes this approval and will award an equal number of CERPs to persons who complete the program. A single copy of the module is available for review at NCNA headquarters. Personal copies can be ordered for $5.50 each by writing to Materials and Supply Division, March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, New York 10605. Indicate that your order is Module 8 in Series 2.

Margaret Crowder: her NCNA membership is for a lifetime!

By Gale Johnston, R.N.

"Home Sweet Home" is not just a maxim to Margaret Eunice Crowder. She was born and has lived all of her 80 years in her home on North Morgan Street, Shelby. Although teaching was her original career choice, a two-week hospitalization in nearby Rutherfordton left such an impression on her young mind that she decided to enter nursing.

Needless to say, her parents were not thrilled with the idea, for in 1918 nursing was not considered a reputable profession. She perservered, however, even working for the telephone company after high school graduation until Shelby Hospital and its School of Nursing opened in 1923. She and three others were in its first graduating class three years later.

Margaret has vivid memories of her nursing school days: 7 a.m. to 7 p.m. on the wards, followed by two hours of classes at night. Students were always on call and often an emergency delivery or surgery would keep them up until 2 or 3 a.m. Their daily assignments included many non-nursing activities, such as preparing and serving meal trays and cleaning rooms. Margaret's school was run in strict, military fashion. Rules of conduct were so stringent that on one occasion, rather than risk a

reprimand by the director of nursing for eating on duty, she swallowed a peach—including the pit!

The Operating Room was Margaret's favorite student rotation, and although she did private duty nursing from graduation to retirement, she would have enjoyed some experience as an OR nurse. As a private duty nurse, she recalls working 12-hour shifts for $5 and sleeping on a cot in the patient's room. She once received a check for $42 and recalls that she "felt rich that day"—a feeling she had not experienced before or since!

After graduation in 1926, Margaret joined NCNA and paid the $5 dues, realizing that participation was expected as part of her new profession. However, hers was not a token affiliation born of obligation or "programming," for she has remained a faithful member of District Twenty-Nine for 57 years. Her attendance at district meetings is so consistent that her occasional absence is cause for member concern. She holds a special place in the hearts of the nurses in her district, and in 1974 was named their "Outstanding Nurse of the Year."

Margaret loves to play bridge, can, and preserve. She is also an accomplished cook who is famous for her homemade mints. She is a past member of the American Legion Auxiliary and holds current membership in the Business and Professional Women's Club, the Cleveland County Home Demonstration Club, and Central United Methodist Church. She is an American Red Cross volunteer and a member of the Cleveland County Historical Association, where her picture is on display as part of a "History of Nursing" exhibit. But don't imagine that Margaret's participation in NCNA is past history—she plans to continue her membership for the rest of her life.

The writer expresses thanks to Carolyn Goforth for assistance in collecting the information for this article.

the university of north carolina
school of nursing

carrington hall 214-h
chapel hill, n.c. 27514

THE MASTER'S PROGRAM

The curriculum for the Master's Degree in Nursing at The University of North Carolina at Chapel Hill prepares graduates for advanced clinical practice. Students major in primary care or secondary care and take courses in contemporary health problems and strategies for health improvement.

Students also learn to apply methods of scientific inquiry to clinical and community health problems, completing a thesis or project. Many publish their research. Courses in either teaching or health service management contribute supportive skills.

The major in primary care leads to specialization in the clinical practice in the community focusing on health promotion, health assessment, and diagnosis and management of common health problems. Graduates are prepared for FNP certification. The program in secondary care is designed to broaden nurses' knowledge of the care of patients with intensive and medically complicated problems. The students' clinical focus is on one of the major health problems or on a particular age group of patients.

The program can be completed in four full-time semesters. Part-time study can be arranged. Financial support is available. Applications should be completed in April for fall. For further information contact Student Services, UNC-CH School of Nursing, 214H, Chapel Hill, NC 27514, (919) 966-4260.

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North Carolina Nurses Speak Out

RNs in top management, good salaries rank highest

By Miriam Quick and Carolyn Billings

One thing that North Carolina nurses seem to be united about is the importance of nursing leaders in top management positions, good salaries, collaborative nurse/doctor relationships, established personnel policies, opportunity for professional growth and participative management in their work settings. Ninety-five percent or more of the nurses who responded to the "Speak-Out" questionnaire in the July-August issue of the *Tar Heel Nurse* indicated that it was important to them that their work setting possess these features. In fact, the 241 nurses who sent in their questionnaires were in general agreement about several of the characteristics listed in the survey.

Nurses were asked to indicate whether or not certain aspects of employment settings were important to them. The characteristics themselves were drawn from an extensive literature review and are a compilation of the findings of various studies and research about what nurses need from their work places in order to achieve job satisfaction and professional well-being.

The nurses who responded were almost unanimous in viewing nurse representation at the top level of management and competitive salary as important characteristics in the work setting, with as many as 98.3% checking "important" on both of these items. There continued to be a high level of agreement as to the importance of many of the other characteristics listed. Actually, 14 of the 26 items on the survey tool were identified as "important" by *over* 90% of those responding. It is interesting to note that nine of these 14 characteristics were related to the setting's administration/management structure, indicating that nurses continue to have a high level of concern over how they are managed, and by whom.

There was continuing mutuality as to the importance of many of the remaining characteristics with a *majority* of the respondents viewing all but two of the items as important (see accompanying table). The two items with *under* 50% importance ratings were "recreational/physical fitness opportunities nearby," and "ready access to child care facilities." Further analysis showed that younger respondents were more likely to see these characteristics as important work setting features.

The respondents to the survey spread across all facets of professional categories measured, with representatives from various educational levels, ages, work settings, employment, and type of nursing positions. Sixty-two percent of those answering questionnaires were NCNA members.

In general, the survey reinforced the findings of a number of studies about nursing conducted over the last several years. The National Commissions on Nursing, The Magnet Hospitals Study, and the Task Force on Nursing of the N.C. Access to Health Care have all concentrated recommendations about the needs of nurses in relation to their employment settings. This survey was conducted to raise the consciousness of NCNA nurses to these issues, to validate the continued importance of certain wcrk setting characteristics, and to remind nurses and employers of nurses that even in times when the "nurse shortage" is less evident, nurses still value those features which consistently have been shown to promote their professional actualization. The Commission on Member Services, which sponsored the survey, plans to use the tool and the questionnaire responses to continue to keep the needs of nurses highly visible and to advocate continued improvement in health care employment settings—improvements which will benefit both nurses *and* consumers.

Rank order of agreement as to importance of characteristics based on percentage of "Yes Important" responses

Rank	Characteristics of Employment Settings	Percent
1	*Nurse representation at top level of management.*	98.3
1	*Competitive salary.*	98.3
2	*Professional relationships between nurses and physicians where collaboration and mutual respect are emphasized. (Joint practice.)*	97.4
3	*Established personnel policies dealing with leave time, health care and retirement benefits, grievance, EEO, etc.*	96.7
4	*Opportunities for professional growth, e.g. nursing in-service, nursing research, nursing grand rounds.*	95.4
5	*Opportunity to have input and to participate in management decisions. (Participative management.)*	95.0
6	*Educational benefits such as leave time and tuition-reimbursement for career advancement activities.*	94.6
7	*Prepared nursing administrators/supervisors/managers with background in nursing management.*	94.1
8	*Scheduling flexibility.*	93.7
9	*Adequate space allocation in work environment, including conference and retreat space.*	92.4
10	*Opportunities for advancement including a clinical career ladder.*	92.1
10	*Compensated time allotted for professional activities.*	92.1
11	*Patient care ratios based on patient classification.*	91.9
12	*A quality assurance program for all disciplines, including nursing.*	91.2
13	*Multidisciplinary review sessions to address concerns about patient care incidents.*	87.9
14	*Professional nurse role models for clinical care.*	86.5

(*continued on next page*)

Speak Out Survey Results

(*from page 6*)

Rank	Characteristics of Employment Settings	Percent
15	*Peer support groups for self care and stress management.*	86.2
16	*Transitional programs for new graduate nurses.*	85.7
17	*Established line of communication between nursing service organization and area nursing schools.*	82.6
18	*Availability of support services for non-nursing functions.*	82.3
19	*A primary care method of patient care delivery.*	78.4
20	*Active multidisciplinary ethics committee to manage immediate ethical dilemmas and to provide guidelines for ethical decision-making.*	72.7
21	*Permanent shifts and permanent unit assignments.*	70
22	*Direct billing for nursing services based on patient classification.*	62.9
23	*Recreational/physical fitness opportunities nearby.*	47.5
24	*Ready access to child care facilities.*	46.8

1983-85 Committees and Commissions

(*from page 5*)

Special Committee on Impaired Nurse

—*Chairman,* Darcy Watson, 112 Rum Barrell Cove, Rocky Mount 27801
Marilyn Rowland, 2354 S. Stratford Rd., Apt. #7, Winston-Salem 27103
Eleanor Telfor, 7400 Middlebury Pl., Charlotte 28212
Esther Loflin, 401 Cloverbrook Dr., Jamestown 27282
Melinda McLemore, 95 Lakewood Dr., Asheville 28803
Alice Roye, 4517 Pamlico Dr., Raleigh 27609
Hettie Garland, 22 Woodbury Rd., Asheville 28804
Susan Kennerly, 338 Rock Hill Church Rd., Concord 28025
Willie Kennedy, 3035 St. Clair Rd., Winston-Salem 27106
Barbara Johnson, 2704 Glen Burnie Dr., Raleigh 27607
Debra Kennington, 49 University Condo., Greenville 27834

Workshop Planning

—*Chairman,* Dianne Leonard, 128 Cedar Creek Dr., Asheboro 27203
Sandra Randleman, 965 Dawnlea Dr., Lewisville 27023
Tomasue Clark, 5120 Angelia Dr., Winston-Salem 27106
Carol Poynter, 18 Hillendale Rd., Asheville 28805
Sheila Englebardt, 818 Walker Ave., Greensboro 27402
Debbie May Craver, Rt. 8, Box 52, Lexington 27292
Beverly Barnette, 201 Country Club Rd., Mt. Airy 27030
R. Leigh Andrews, Rt. 5, Box 325-C, Chapel Hill 27514
V. Diane Gibbs, 907 Bearhollow Rd., Greensboro 27410
Marcie Brooks, 680 Miramar St., NE, Concord 28025
Jeannie Yount, 202 W. 16th St., Washington 27889
Rebecca Knight, Rt. 4, Box 184-E, Stoneville 27048
Patty Maynard Hill, 414 Sharon Rd., Chapel Hill 27514

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Pat McLean, RN, Nurse Recruiter
or
Jeanne Peace-Brogdon, RN, CNA
1200 North Elm Street
Greensboro, North Carolina 27401-1020
Phone (collect) 919-379-4489

Nurse power begins at the polls

Decisions are made every day by elected and appointed officials that affect how we practice nursing in North Carolina. Our whole system of health care is dependent on decisions made in government. These decisions affecting the personal and professional lives of nurses will be made whether nurses participate in the decision-making or not.

Organized political activity is one way we can affect these decisions. Through political activity we can help decide who will make the legislative decisions that affect our practice—decisions made by politicians who are elected by the voters of our state.

The facts of political life

Political action committees—PACs—are an important factor in the political process in the United States. Over 3,700 PACs raised almost $200 million and spent $190 million in 1982 to assist candidates running for elective office. PACs are a political reality in the 1980s.

Thirty-three state nurses associations now have political action committees, and more are studying the possibilities or organizing PACs. N-CAP is the political arm of the American Nurses' Association.

Nurse PAC is the political action committee for nurses in North Carolina. It provides for nursing a voice in the political process. Nurse PAC is a voluntary, non-profit, unincorporated, non-partisan group.

Nurse PAC wants the people who make legislative decisions to be men and women who understand our needs—who are willing to listen to nursing's point of view—who really care about the quality of health care in our state and about the quality of nurses' professional lives. Nurse PAC helps friends of nursing from both political parties get elected to state office through endorsements and campaign contributions, and Nurse PAC encourages nurses through political education to become more politically active.

Districts have key role in endorsement process

In 1982, Nurse PAC endorsed 47 candidates for seats in the North Carolina General Assembly and contributed funds toward their campaigns. More importantly, many nurses took an active role in the campaigns.

District associations play a key role in Nurse PAC's endorsement process. Right now districts are locating nurses who will interview the candidates for the General Assembly. These nurses will use a questionnaire developed by PAC and the Legislative Committee to learn candidate views on issues of importance to nurses. Results of these interviews—and the district's recommendations—will be used by PAC to evaluate the candidates for endorsement. Other factors to be used in the evaluations are the past performance of incumbents, the candidate's position in the political party, and political potential.

Nurse PAC will announce its endorsements prior to the May 8 primary.

To build support for nursing issues at the local, state, and federal levels, individuals who are the most supportive of nursing's positions must be elected. Effective lobbying begins when the candidate first enters the poltiical ring. Nurses make a difference when they interact with elected officials along every step of the way, rather than just within the walls of the Legislative Building.

Nurse PAC is one of NCNA's ways to lead that process.

Nurse PAC turn your dollars into political clout

Nurse PAC's funds come from contributions by nurses and friends of nursing. We know that nurses individually don't have a lot of money to give to political candidates. That's why Nurse PAC makes so much sense. When you send Nurse PAC your contribution, it is put with contributions of many others to enable Nurse PAC to provide political education for nurses, endorsement of candidates, and contributions to election campaigns.

Nurses individually can demonstrate their political clout

1. By registering to vote, if they have not already done so;
2. By joining with other nurses across the state as contributors to Nurse PAC;
3. By volunteering to assist in the campaigns of endorsed candidates;
4. By recruiting other nurses to become actively involved in the political process.
5. By voting!

Questions to pose to candidates

1. Of the major health care professionals in North Carolina, more than 75% are nurses, and one in every 120 North Caroli nians is a nurse.

   From the perspective of a legislator, would you offer a suggestion as to how this large group of health care providers can exert more influence in the *quality* and *accessibility* of health care to the public?
2. Do you support nurse involvement in health care planning and policy-making, such as serving on hospital boards of trustees; boards of health systems agencies; and other decision making positions?
3. According to an American Nurses' Association study in 1982, only 11% of hospital budgets went to registered nurses' salaries. Clearly, there are some more significant factors that account for rapidly rising hospital costs. In your opinion, what are one or two factors causing the escalation of these costs?
4. Over time, some functions that were exclusively the practice of medicine have become the legal practice of nursing. (For example, years ago only physicians could give injections). Today, there are nurses who have obtained advanced education and are legally practicing advanced skills, such as nurse practitioners who diagnose and treat common illnesses.

Health insurance policies will reimburse physicians for some of these services.

Should the registered nurse be eligible for direct reimbursement if the nurse legally performs the same service?

5. There is general agreement that early detection and prevention would be the most cost-effective way of meeting health care needs of the future.

   Would you support legislation that allows expenditure of health care dollars for early detection and preventive services by qualified non-physician health care providers?

6. Many health planners are concerned about meeting health needs of the projected increase of older citizens. Do you support:
   a. a greater role for registered nurses (care managers, gerontological nursing experts, primary health care providers for the aging, etc.) and
   b. new approaches for gerontological health care if these alternatives are safe and cost-effective?

Nurse PAC needs your financial support!

Two ways to help: make a contribution . . . and get contributions from other nurses for the "Nurse PAC needs your dollar" campaign. Each nurse who collects at least $50 will be recognized at the 1984 convention.

I want to build a healthier North Carolina

Here's my contribution, made payable to Nurse PAC

$10 _____ $15 _____ $25 _____

$50 _____ Other _____

Contribution of $10 or more brings you Nurse PAC newsletter

Name: _____

Address: _____

Check one: ____ RN ____ LPN ____ Student ____ Friend of Nursing

Place of Employment _____ phone (home) _____ (work) _____

A copy of our report is on file with the State Board of Elections.

Mail to: Nurse PAC, P. O. Box 12025, Raleigh, NC 27605

Nurse PAC Needs Your Dollar

50,000 Nurses x $1 = $50,000 for Nursing

Individual Contributors

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

CONTRIBUTIONS TO NURSE PAC COLLECTED BY:

_____
(name)

_____
(address)

_____

Please remit to: Nurse PAC
P. O. Box 12025
Raleigh, NC 27605

Believing that NCNA's positive experiences should be shared, as president I have directed that this article be included in the ***Tar Heel Nurse.****—Judy Seamon, R.N.*

The Tar He

She's helping chart a r

By GUY MUNGER
Sunday Editor

Frances Newsom "Frankie" Miller — former newspaper reporter, lobbyist, executive director of the North Carolina Nurses Association — says that sometimes she feels her main job is to waken "a sleeping giant."

The "giant" is the nursing profession, Mrs. Miller said in a recent interview at the association's offices in West Raleigh.

'I'm trying to awaken the potential for nursing in this state to be politically powerful so that the decisions that are made in health care can reflect what nursing sees, not just as its role, but how we can improve the quality of health care for all people," Mrs. Miller said.

"One of the things that nursing has done over the years is take on an advocacy role for the patient and that sometimes gets lost in the health care system.

"Nurses have a perspective ...that needs to be considered in health planning, and if you can ever rouse that giant to where it will realize its potential and get involved in these other arenas, it will be a good thing for all of us."

Mrs. Miller, 62, has a unique background for her job. Born in Winston-Salem, she graduated from Woman's College, now the University of North Carolina at Greensboro, in 1942 and immediately went to work for The News and Observer as a police reporter.

It was the middle of World War II and Mrs. Miller soon got her chance to cover state political news.

"I loved that work more than anything I've done in my whole life," she said.

"Why did I leave? I got married and it just didn't work to have that kind of a night job."

In between taking care of a husband, L.L. "Bing" Miller, now a retired professor of park and recreation resources administration at N.C. State University, and three children, Mrs. Miller found time to work part-time as executive director for the state Council for Social Legislation, often lobbying in the General Assembly.

When the N.C. Nurses Association needed a part-time writer, Mrs. Miller took the job. She has been there ever since, serving as full-time executive director since 1972.

Mrs. Miller said the association, which has 2,700 registered nurses as members, is gaining in influence.

"I think we really are awakening as a political force in the state," she said. "We're able to do more now — talking to candidates before they're elected, talking to legislators in the halls of the General Assembly.

"And that's where that experience I had as a newspaper reporter and as a lobbyist for the Council for Social Legislation comes in handy.

" ...We're trying to strengthen our political action committee. We recognize that practically all the decisions that affect nursing and health care are made in the political arena.

"We're trying to encourage nurses to recognize what they have to contribute to health care policymaking. ...Nurses are mostly employees and they never see themselves as competent to sit at that policymaking table as equals with the other professionals. We're trying to develop that self-esteem because we do have a lot to contribute. We have a perspective that gets lost a lot of times when the nurses are not there."

Mrs. Miller said nurses no longer are merely "handmaidens" to physicians:

"Why has that happened? I think there are two things you need to think about. One is the women's movement. But the other thing is the growth of the nursing profession itself, the enlargement of their scope of practice to the point where many nurses see themselves as professionals who want to be treated on a collegial basis, just as a physician would work on a collegial basis with a physical therapist or a hospital administrator.

" ...Nursing has its own scope of practice, and much of what nurse do, physicians cannot do. ...Whe it comes to caring for that patient there's much more involved tha just carrying out the treatment th doctor prescribes. You've got t

Frances N. "Frankie" Miller, ex Association, sits in the associa Edna L. Heinzerling, a past presi

f the Week——— The News and Observer, Raleigh, N. C., Sun., Jan. 29, 1984

w course for nursing

Staff photo by Bob Bridges

e director of the N.C. Nurses
ffices in front of a portrait of
the group.

l with the patients and their
ilies on a 24-hour basis on how
ope with illness, how to adjust
hat's happening to them, how
nderstand. ...The nurse does
more counseling and teaching,
and in fact, illness prevention, than a physician does, because that is not his main job.

"The nurse more and more has become a care manager because health care has gotten so complex and somebody has to coordinate treatment and at the same time keep the patient from getting lost, feeling like a number.

" ...The doctor depends on a nurse's records for changing treatment during those 23 hours and 50 minutes every day when the doctor isn't there.

"Fortunately there are many doctors who see that and recognize it."

As for the future, Mrs. Miller said nursing may offer a way to reduce the cost of health care, particularly in the use of nurse practitioners, who are qualified to diagnose and treat certain health problems.

"Health insurance, Medicare, Medicaid, all these are based on providing health care in the most expensive kind of setting, the institution," Mrs. Miller said.

"This is a big issue in nursing. Look what the nurse practitioner could do in terms of prevention, keeping people out of institutions, and there's plenty of data to show that their clients have less hospitalization than those of physicians. They have less high-tech intervention, like fancy machines, less institutionalization than physicians' clients.

"If somehow we could jar the system and nurse practitioners, certified nurse-midwives and the various specialists could get reimbursement for the services they render and they could become entrepeneurs, then it's bound to be a cost-effective way of getting safe care.

" ...Take the case of an elderly diabetic or an elderly person with hypertension, nurse practitioners can care for those patients beatifully and it would be a saving. They also do a lot more education and counseling. They spend far more time per patient visit than a physician."

For relaxation, Mrs. Miller enjoys dressmaking and tailoring, making many of her own clothes, and "I like craft things and antiques — if they're useful."

She also has found time to serve on a number of boards and commissions, including an eight-year term as a UNC trustee.

Mrs. Miller also likes to spend time with her four grandchildren, and her job is always there to keep her busy: "Even with Bing's retirement and the children gone, there's been no emptiness in my life."

For the record

FRANCES N. MILLER

Born: Winston-Salem, July 21, 1921.

Family. husband, Latham L. "Bing" Miller; three children; four grandchildren.

Education: B.A., University of North Carolina at Greensboro, 1942.

Career: reporter, The News and Observer, 1942-45; industrial editor, Carolina Power & Light Co., 1945-48; editor, Public Utilities Advertising Association Bulletin, 1947-48; executive secretary, Council for Social Legislation, 1953-56; N.C. Nurses Associaion, assistant executive director, 1956-71, and executive director, 1971-present.

Activities: member, board of trustees, University of North Carolina, 1946-53; board of trustees, UNC-G Alumni Association, 1951-54; author of "Profile of North Carolina's Children and Youth," 1960, and delegate to 1960 White House Conference on Children and Youth; past member, board of directors, Wake County Rehabilitation and Cerebral Palsy Center; past member and secretary, Campus Christian Life Committee, Presbyterian Churches of Raleigh; Zonta Club of Raleigh, charter member and secretary, 1977-78, service chairman 1980-81; currently member of statewide advisory committee, Area Health Education Centers.

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

1984! Is this the Brave New World we planned for in nursing? We've come a long way, baby, but we're still on the road. The central question, of course, is—the road to what? I like to think of the end of the line in Maslow's terms. Our goal is Professional Actualization. Nurses are eager to "be all that we can be."

There are, however, a few well-defined barriers in our path. Several notable reports on nursing have stated very clearly just what they are. From the Lysaught Report of the 1970's Commission on Nursing to the recently published report of the 1980's Commission and a dozen or so other studies, the needs of nursing haven't changed a bit. Among the many remarkable similarities between the findings of so many investigations is the consistency of the requirements nurses indicate are essential in the workplace. Survival in the work setting, we are reminded, is a fundamental step on the path to actualization. We have always known that we can survive professionally only when we can reasonably practice a humanistic, caring, nursing service in an environment which compensates us appropriately and supports our nursing activity with the human and material resources essential to our competent functioning.

We are nurses in search of good practice settings. They may be inpatient facilities or schools, homes, camps, or industries. They may be offices or clinics, emergency rooms or state hospitals. They may be research laboratories or nursing homes, deep sea diving bells, or space ships. Wherever we practice our profession, we are seeking certain considerations which are fundamental to nursing. We want to be close to our clients. Our work load should be reasonable enough to support individual attentions to those in our care. Our belief in focus on the total person should be valued in the system. We should have policy-making input, especially into those things which affect our clinical activity. The patient-care system should be structured to maximize our *relationships* with our clients. We need opportunities for inter-professional dialogue and decision-making; colleagues with whom we can problem-solve; nurse role models and teachers to foster our professional growth. We require comparable work and comparable worth, and finally, there should be rewards in the system for competent *clinical* practice so that we can advance professionally *and* remain in the caregiver role.

We are seeking characteristics in our work settings which will foster quality in nursing practice. We need work places where values about health care are compatible with our own and where our special contribution is appreciated and respected.

In return for an environment which facilitates our professional actualization we must pledge to make use of the opportunities which it provides. We must participate actively and vigilantly in the input structure to assure that the ideas which are unique to our discipline are seeded into the system. We must join together with other nurses and health care colleagues to establish the *best* patient-care environment. Then we will have our Brave New World—a world in which those who receive our care and our caring get the best which we can offer—and we have so much to give!

*(Nurse to Nurse will be a regular feature of the **Tar Heel Nurse** during the coming year.)*

Nurse Statuary

For a book aiming to portray U.S. statues and monuments that honor nurses, either individually or in groups, as civilians or members of the armed services, an author would appreciate hearing from anyone who knows the whereabouts of such statues and monuments. Would you take a moment and look in your neighborhood to see if some of nursing's history is there? Contact Eleanor K. Herrmann, Ed.D., R.N., associate professor, Yale University School of Nursing, New Haven, CT. 06510

Notice to Districts

Since the bilevel membership project was terminated by action of the House of Delegates at convention last October, bilevel application forms are no longer accepted. **Please destroy all** bilevel applications you have on hand. We cannot accept new or renewal of bilevel membership.

NEWS BRIEFS

- Traveling companion wanted ... Jean Irving of Reidsville will attend the Sino-American Clinical Study Tour for Psychiatric Nurses in the People's Republic of China on March 29-April 12. Are other N.C. nurses attending? If so, Jean would appreciate a traveling companion. She can be contacted at 1019-F Cypress Drive, Reidsville, N.C. 27320.
- The 18th Quadrennial Council of the International Council of Nurses will meet in Tel Aviv, Israel, on June 16-21, 1985. A Call for Abstracts has been issued. More information is available from the ICN, 3, rue Ancien Port, 1201 Geneva, Switzerland.
- The Sixth Conference on Classification of Nursing Diagnoses will be conducted by the North American Nursing Diagnosis Association on April 4-6, 1984, in St. Louis, Missouri. Registration forms are available from Karen Murphy, Executive Director, North American Nursing Diagnosis Association, 3525 Caroline St., St. Louis, Missouri 63104.
- Dallas, Texas will host the May 15-18, 1984 National Teaching Institute presented by the American Association of Critical Care Nurses. For further information contact Ernie Filtz, Director of Media Operations, AACN, One Civic Plaza, Newport Beach, California 92660 or call (714) 644-9310.
- Copies of the *1984 North Carolina State Medical Facilities Plan* are now available. The cost is $38 and checks should be made payable to DFS - Health Planning. Send your written request and check to State Health Planning Section, Division of Facility Services, P.O. Box 12200, Raleigh, N.C. 27605.
- The North Carolina Air National Guard in Charlotte has immediate openings for RNs on flying status. For further information, contact the NCANG recruiting staff at (704) 399-6306, ext. 204.
- A call for abstracts has been issued for the 6th Southeastern Regional Conference for Clinical Specialists in Psychiatric-Mental Health Nursing to be held October 25-27, 1984, in Tampa, Florida. The conference theme is "Issues in Psychiatric-Mental Health Nursing: Advanced Practice, Education, Administration, and Research." Deadline for abstract submission is April 1, 1984. For further information contact Paula Massey, Associate Executive Director, Florida Nurses Association, P.O. Box 6985, Orlando, Florida 32853 or call (305) 896-3261.
- EPIC in '84 is the 6th Annual Continuing Education Conference sponsored by the Florida Nurses Association and will be held on March 29-31 in Orlando. For more information contact Paula Massey, Florida Nurses Association, P.O. Box 6985, Orlando, Florida 32853.

(continued on page 17)

Left: a view of the gathering of 120 NCNA leaders for orientation to their responsibilities for the 1983-85 biennium. Center: Cheerleader Carl Sapp got into the spirit of the game with his pompons. Right: Coach Judy Seamon (right) and Assistant Coach Hettie Garland kept the game moving.

ANA 1984 convention speakers

Jeffrey Hallett **Judy Woodruff**

Featured speakers Jeffrey Hallett and Judy Woodruff will address the theme, "Challenges and Choices," at the ANA 1984 convention to be held June 22-28 in New Orleans. Hallett is president of The Naisbitt Group and associate publisher of The Trend Report. He will discuss the 10 major trends identified in John Naisbitt's best-seller, *Megatrends,* and the effect those trends may have on future health care. Judy Woodruff is chief Washington correspondent for PBS' "MacNeil-Lehrer News Hour," and previously was chief Washington correspondent for NBS's "Today" show. She will moderate a plenary session where a panel will discuss nursing issues and nursing's professional choices in the evolving high tech/hightouch environment. In addition to the two plenary sessions, a total of 45 educational programs will be presented during the convention for continuing education credit. For more information about the ANA convention, contact the ANA Marketing Department and watch for registration information in *The American Nurse.*

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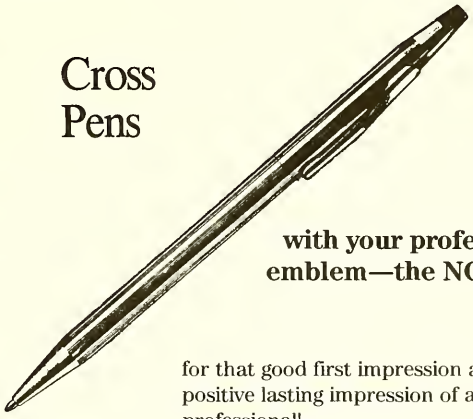

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New Joint Midwifery Committee elects officers, files regulations

The Joint Midwifery Committee, created by legislation passed by the 1983 General Assembly, has suffered some birthing pains, but it is alive and kicking.

The Joint Midwifery Committee (JMC) is composed of the members of the Joint Subcommittee of the Board of Medical Examiners and the Board of Nursing, with the addition of two nurse midwives and two obstetricians. It will administer provisions of the legislation that describes midwifery practice and how nurse midwives are to be approved to practice. The current Joint Midwifery Committee members are:

Linda Glenn, CNM, chairman; Elizabeth Dickson, CNM, secretary; Ernestine Small, R.N.; Sarah Pike Brown, R.N.; Olga Hoskins, R.N.; Robert Brame, M.D.; Huitt Mattox, M.D.; Jack Koontz, M.D.; Rose Pulley, M.D.; and Charles H. Duckett, M.D.

At the first meeting of JMC in October 1983, neither of the two obstetrician members was present. An attempt was made to postpone discussion of the midwifery issue because of their absence. After nurse members noted that a quorum was present, the JMC was able to transact some business. Proposed rules and regulations to administer the statute were discussed, a hearing date was set, and officers were elected. Linda Glenn assumed the chairmanship at that point.

On December 2 a hearing was conducted on proposed rules related to the administrative body, fees, the application form, and the definition of supervision. One JMC physician member was absent. Three persons presented testimony. Hettie Garland, NCNA president-elect, and a representative of the N.C. Chapter of the American College of Nurse Midwives spoke in support of the rules. A staff member from the N.C. Medical Society presented the only opposition. When the hearing concluded, the JMC chairman requested members to reconvene in 15 minutes to discuss the hearing. Physician members departed, and the nurse members were kept waiting for 45 minutes. When the physicians did return, the absent member had joined them. Physician members then requested a postponement of discussion because they wanted to review the transcript of the few minutes of testimony. The JMC agreed to reconvene on December 16.

The December 16 meeting had as observers two legislators who had been very active in the passage of the midwifery legislation—Senator Wilma Woodard and Representative Jeanne Fenner. Most of the discussion focused on the definition of supervision. Rules were adopted and have since been filed with the Department of Justice.

The JMC will meet again in March. NCNA will continue to monitor the progress of this committee and will keep our members informed.

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SEA GULL-SEAFARER
NURSE

CAMPS SEA GULL/SEAFARER NURSES

Coastal summer camps have openings for nurses. Enjoyable and purposeful experience on the coast of North Carolina; good salary; comfortable accommodations; food and lodging furnished; modern, air-conditioned Infirmary; resident physicians. Camp season: June 10-August 10. Must be an RN or graduate nurse. Excellent opportunity for new graduates to enjoy a "change of pace" position before commitment to professional hospital duties. 37th season - Sea Gull; 24th season - Seafarer. Write for application and catalog to Don Cheek, Director, Camp Sea Gull for boys and Camp Seafarer for girls; P. O. Box 10976, Raleigh, North Carolina 27605.

Board announces meeting schedules

NOTICE to all members, districts, chairmen of commissions and committees . . .

The Board of Directors deals monthly with an ever-expanding agenda. Due to the number of items as well as the complexity of issues the association is addressing, the board requests that matters you want the board to consider and any related materials be submitted to NCNA headquarters at least two weeks prior to the Board meeting.

The Board's meeting schedule has been set for 1984. Board meetings are open to the membership, and you are encouraged to attend to see your elected leaders in action. Meetings begin at 9 a.m. The meeting dates are as follows (location is NCNA headquarters unless otherwise indicated):

March 23, April 27 (to be held in Greensboro), June 15, July 20, August 17, September 21, October 23 (to be held in Asheville), November 16, December 14.

Nurse practitioners plan spring program in Greenville

The NCNA Primary Care Nurse Practitioner Conference Group will hold its spring 1984 continuing education program April 13-14 at the Ramada Inn, Greenville.

The program includes sessions on problems of suicide and depression in adolescence and geriatrics, status of third-party reimbursement activities, prospective payment systems (DRGs), and a Saturday morning program on "Geriatrics: Family and Community Reactions to its Aging Members."

A business meeting of the Conference Group will be held following the Friday luncheon. Ross Laboratories will host a reception on Friday evening.

Special rates are available to conference participants at the Ramada Inn: $30 single and $36 double. Please specify that you are attending the NCNA program. Registration flyers have been mailed to NCNA nurse practitioner members. Other interested persons should contact NCNA requesting registration information. Early registration is advised. A minimum of 75 is required, and attendance will be limited to 175.

Honors for NCNA members . . .

Sarah Brown receives international award

Sarah Brown receives an international award from Cindy Brown, Atlanta, left, president-elect of EDNA. Looking on are Margaret Moer of Greensboro and Sarah's husband, Larry Brown.

Sarah Brown of Raleigh, nurse clinician in the Rex Hospital Emergency Room, has received the 1983 international Judy Kellerher Award presented annually by the Emergency Department Nurses Association. The award recognizes overall excellence in emergency nursing.

The award was announced at EDNA's national convention in Anaheim, California, and was presented to Sarah in December at a luncheon in Raleigh in her honor. The presentation was made by Cindy Brown of Atlanta, national EDNA president-elect.

Sarah is a member of the North Carolina Board of Nursing, immediate past president of the North Carolina Federation of Nursing Organizations, past president of the North Carolina Emergency Department Nurses Association, a member of the N.C. Emergency Medical Services Advisory Council, and a member of the North Carolina Task Force on Sexual Assault. She is a mobile intensive care nurse and a member of District Thirteen.

McGrath named to board of state student loan program

Barbara Jo McGrath of Lumberton, president of District Fifteen and immediate past president of NCNA, has been appointed to the North Carolina Board of Need-Based Medical Student Loans. The appointment was made by Governor James B. Hunt, Jr., on recommendation of Lieutenant Governor James C. Green.

The Student Loan Board oversees administration of the state's loan program for health and science students. Barbara Jo fills a vacancy created by the resignation of a registered nurse member.

Pioneer nurse practitioner is 'wonder woman' winner

Betty Compton, left, works with an adolescent patient.

Betty Baines Compton of Cedar Grove, nurse practitioner and member of District Eleven, was selected as one of 17 outstanding American women to receive an award from the Wonder Woman Foundation in New York. She received a $7,500 check in recognition of her achievements.

Betty is one of North Carolina's pioneer nurse practitioners and is clinical assistant professor of pediatrics at the UNC-CH School of Medicine. She was nominated for the Wonder Woman award by Patricia B. Bailey of the Federal Trade Commission for her creative efforts in extending health care to rural communities.

Betty was one of seven students to graduate in the first class of family nurse practitioners and UNC-CH in 1971 and worked with the UNC-CH School of Medicine and the Orange-Chatham Comprehensive Health Services to establish a rural clinic in Prospect Hill. The clinic became a prototype for a statewide program. In recent years Betty has turned her attention to meeting the needs of adolescents and elderly patients in rural communities.

Judy Seamon is director of new N.C. Institute of Medicine

Judy Seamon, left, is sworn in as a member of the Board of the North Carolina Institute of Medicine by Mary Austin, Carteret County Clerk of Court.

Judy Seamon of Morehead City, NCNA president, is the only nurse among 18 directors appointed to the new North Carolina

(continued on page 19)

RNs to elect four to Board of Nursing this year

April 1 is the deadline for nominations for the four registered nurse positions on the Board of Nursing that will occur December 31, 1984. One LPN also is to be elected this year.

The RN vacancies to be filled by elections this year are: one nurse educator, one hospital nurse, one nurse employed by a physician engaged in the private practice of medicine, and one nurse employed by a skilled or intermediate care facility. Registered nurses currently filling these positions are: Ernestine Small, Sarah P. Brown, Joyce Gainey, and Sharon Sells.

Nominations of registered nurse members are made by written petition signed by not less than 10 RNs eligible to vote in the election. All registered nurse nominees must hold a current North Carolina license, have at least five years' experience as a registered nurse, and have been engaged in nursing for at least three years immediately preceding election. Nurse educators must hold baccalaureate or advanced degrees.

The Board of Nursing has distributed official nominating petitions.

One of the two public member positions on the Board of Nursing became vacant on December 31, 1983. Governor James B. Hunt, Jr., re-appointed Donna Thigpen to the position early this year. She is a former RN who surrendered her license in 1981 to be eligible for the public member position.

ABOUT PEOPLE

Bonnie Hensley of Chapel Hill was honored at a reception on December 13 on the occasion of her retirement from the faculty at UNC-CH School of Nursing . . . **Cathy Hughes** of Charlotte assisted in presenting a workshop, "Nurses As A Political Force in Determing Health Care Policy," in Rock Hill, S.C. in November. Cathy also has been elected secretary-treasurer of the North Carolina Council of Community Mental Health, Mental Retardation and Substance Abuse Programs . . . **Barbara Jo McGrath** of Lumberton, NCNA past president, has successfully completed the ANA certification examination for child and adolescent nursing . . . **Carolyn Williams,** Ph.D., R.N., F.A.A.N., associate professor in the Department of Epidemiology, UNC-CH School of Public Health, assumed the office of president of the American Academy of Nursing in September.

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees, and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/hour	Event
March 2, 10 a.m.	Executive Committee
March 6, 9:30 a.m.	Nursing Practice Administrators Section Executive Committee
March 10, 9:30 a.m.	Federation of Nursing Organizations
March 16, 9 a.m.	Joint Midwifery Committee and Joint Subcommittee of Boards of Nursing and Medical Examiners, Sheraton Highwoods, Raleigh
March 21, 10 a.m.	Commission on Member Services
March 22, 1 p.m.	Ad Hoc Committee on Students at NCNA Convention
March 23, 9 a.m.	Board of Directors
	Workshop, "Essentials of Nursing for Patients with Cancer," Edgecombe Technical College, Tarboro
March 29, 10:30 a.m.	Committee on Resolutions
March 30, 1 p.m.	Commission on Health Affairs
March 30, 9 a.m.	Workshop, "Essentials of Nursing for Patients with Cancer," AHEC classroom, Watauga County Hospital, Boone
March 31, 9:30 a.m.	Conference Group of Psychiatric-Mental Health Nurse Specialists
April 4, 1 p.m.	Maternal-Child Health Division Executive Committee
April 12, 10 a.m.	Executive Committee
April 13-14	Primary Care Nurse Practitioner Conference Group 1984 Continuing Education Program, Ramada Inn, Greenville
April 16, 10 a.m.	CERP Committee
April 18, 10 a.m.	ANA delegates meeting
April 20-23	Headquarters closed for Easter holidays
April 26, 1:30 p.m.	Joint Practice Committee, N.C. Medical Society Building
April 27, 9 a.m.	Board of Directors (Greensboro)

Send us names of RNs on health boards

Local boards of health are now required to have a registered nurse as a member of the board. When the 1983 General Assembly was considering the public health law recodification, NCNA was successful in getting the bill amended to require appointment of a registered nurse to each local board.

Headquarters has been informed of some of the registered nurse appointments, but we want this information from throughout the state. Some local boards of health already had RN members.

Jean Gosnell, vice-president for nursing practice at Lexington Memorial Hospital and a member of District Nine, has been appointed to the Davidson County Board of Health. Evelyn Wicker, director of nursing services at Duke University Medical Center and a member of District Eleven, was appointed to the Durham County Board of Health. Betty Dorman of Raleigh was appointed to the Wake County Board.

Kathy Weeks of Coats, faculty member at Fayetteville Technical Institute nursing program, has been named to the Harnett County Board of Health. Another District Fourteen member, Martha Sullivan of Fayetteville, also a faculty member at FTI, is in her fourth year serving on the Cumberland County Board of Health.

Do you know of others? Please notify NCNA of who these nurses are.

You're just the type. Donate Blood.

American Red Cross

News Briefs

(*from page 12*)

- Washington, D.C. will be the location for the 34th Annual Conference of the National Council On The Aging, Inc. on April 4-7. Registration forms are available from the National Council on The Aging, Inc., 600 Maryland Avenue, S.W., West Wing 100, Washington, D.C. 20024.
- Wake AHEC and Meredith College will cosponsor the 1984 North Carolina Health Promotion—Wellness Institute on June 17-22 at Meredith College in Raleigh. For brochures, contact Fran Morrison, Program Assistant, Wake AHEC, 3000 New Bern Ave., Raleigh, N.C. 27610.
- A call for papers has been issued for the First Southeastern Lesbian/Gay Health Conference sponsored by the National Gay Health Foundation. The conference will be held in Atlanta on April 21. For more information contact Caitlin Ryan, 550 Crest-hill Avenue, Atlanta, Georgia 30306.
- ANA recently released a new publication, *Peer Review in Nursing Practice*. Copies are available from ANA, Marketing Department, 2420 Pershing Road, Kansas City, Missouri 64108.
- "OGN" Nursing 1984—The Future is NOW" is the theme for the 14th Annual NCNAACOG Conference to be held in Charlotte on April 5-8. For additional information, contact Sharon Locke or Cindy Garrett at 201 Howell Street, Apt. 2-A, Chapel Hill, N.C. 27514 or Hazel Browning at 4305 Sunbelt Drive, Raleigh, N.C. 27612.
- Papers are being solicited for the Fourth Conference on Cancer Nursing Research to be held June 18-20, 1985, in Honolulu. The focus of the conference will be "The Research Connection in Nursing Practice." For further information, contact Ruby Rutherford, R.N., M.A., National Medical Affairs Representative, American Cancer Society, Inc., 5660 South Syracuse Circle, Suite #101, Englewood, Colorado 80111. The deadline for submitting abstracts is August 1 1984.

NCNA leaders map stragegy

(*from page 1*)

the biennium, and these strategies were shared as the groups reconvened to report their "two-minute strategies."

Evaluations from the orientation were very positive—one member even gave it a 4+ rating! When it was over Judy, Hettie, Gale, Frankie and Hazel decided that it must have been successful. No one had needed even one sip of the Gatorade from the centerpiece.

Ah, the thrill of victory ...!

American Nurses Association
1984 Convention
June 22-28 / New Orleans

GUEST EDITORIAL

January 6, 1984, marked the NCNA Championship Game, and victory is ours!

The day was the orientation for members of commissions and committees for the 1983-85 biennium. The day was complete with Head Coach Seamon, assistant coaches, trainers, and a cheerleader. Most importantly, over 120 members of the team from all over the state convened to begin their work.

Everyone worked hard, but, to me, the esprit-de-corps—the feeling of energy, enthusiasm, unity and pride—seemed to grow as the day progressed.

It is helpful to remind ourselves that we are a voluntary organization. Our members who are active at the district, regional, and state level volunteer their time, talents, and expertise to accomplish our goals and to consistently move our profession forward. Many "volunteer" their finances, too. Some members are supported by their work setting in time off or shared or total reimbursement for travel and other expenses. Other members dig into their own resources to support their role in NCNA's many activities. Attending a district meeting is a voluntary contribution of time and is symbolic of one's professional commitment.

NCNA has accomplished the necessary blend of goal establishment and goal congruence essential for a voluntary organization. The human and financial resources contributed by members who participate actively in implementing our goals make us a wealthy organization indeed.

It's going to be a good biennium!

Hettie Garland, President-Elect

Workshop on nursing cancer patients scheduled for Tarboro, Boone

The Special Committee on Workshop Planning will present a one-day program, "Essentials of Nursing for Patients with Cancer," on March 23 at Edgecombe Technical College in Tarboro and again on March 30 at AHEC classroom, Watauga County Hospital in Boone.

Faculty include Zandy Wright, oncology clinical nurse specialist at N.C. Baptist Hospital, and Martha Reeves, hematology/oncology nurse clinician, both at N.C. Baptist Hospital, Winston-Salem, for the Tarboro workshop; and Alice Brafford, oncology nurse educator at Forsyth Memorial Hospital, Winston-Salem, and Lynn Erdman, oncology clinical nurse specialist at Presbyterian Hospital, Charlotte, for the Boone workshop. These oncology nursing specialists will bring current nursing concepts to workshop participants.

Early registration is encouraged. A maximum of 35 registrants has been set. Workshop hours are 9 a.m. - 4 p.m.

REGISTRATION FORM

Essentials of Nursing for Patients with Cancer

NAME _____

ADDRESS _____ PHONE: (H) _____ (W) _____

EMPLOYER _____ POSITION _____

Check date of workshop you will attend:
( ) $35 NCNA Member
( ) $42.50 non-NCNA Member
( ) March 23 — Tarboro
( )March 30 — Boone

Send completed registration form and appropriate fee to NCNA, P. O. Box 12025, Raleigh, NC 27605. PRE-REGISTRATION IS REQUIRED BY MARCH 14, 1984.

Think Membership

North Carolina Nurses Association and The National Foundation — March of Dimes announce NURSE OF YEAR COMPETITION — 1984

Recognition of a registered nurse in North Carolina who has made significant contribution to material-child health.

Award: $500 for continuing education activities toward improvement of material-child health.

Guidelines for Entries:
1. Candidate must be registered nurse in North Carolina working within the area of Maternal-Child health. Membership in NCNA is not required.
2. Application must be filled out by individual nurse. Sponsors may request that nurse(s) make application. Self-declared candidates are also appropriate.
3. Selection will be based on criteria stated on reverse side of nomination/application form.
4. Two letters of recommendation by persons knowledgeable of candidate's professional MCH contribution will be required.

Deadline for Entries: August 1, 1984

Selection: To be made by the Material-Child Health Nursing Division, North Carolina Nurses Association.

Award will be presented at the 1984 convention October 24-27, at the Grove Park Inn, Asheville

Application forms and criteria available from:
North Carolina Nurses Association
P. O. Box 12025
Raleigh, North Carolina 27605

RESOLUTIONS PROCEDURE

The Committee on Resolutions functions throughout the biennium in receiving and studying proposed resolutions submitted to it.

A resolution is a main motion put before the policy-making body on a subject of great importance, expressed in formal wording. A resolution adopted by the House of Delegates of the North Carolina Nurses Association establishes or makes known the position of the Association on matters of state and/or national scope and significance affecting nurses, nursing, and the health needs of the public.

Substantive resolutions are those which deal with basic principles and policies of the Association or with issues of national concern to nurses as practitioners and citizens. These resolutions are thoughtfully and carefully developed in advance of a convention for presentation to the House of Delegates. These may include recommendations for legislation or for joint or separate action with other organizations on matters of mutual interest.

DEADLINE — Substantive resolutions must be submitted to the Committee on Resolutions by May 15, preceding the fall convention.

Emergency resolutions are those whose significance could not have been apparent by the deadline date and which, because of timeliness, require immediate action.

Deadline — Emergency resolutions must be submitted no later than 5 p.m. on Wednesday, October 24, 1984, at the convention.

Initiation of Resolutions — Resolutions may be submitted to the Committee on Resolutions by individual members, the NCNA Board of Directors, district associations, any structural unit of the Association, or may be initiated by the Committee on Resolutions.

Disposition — The Committee on Resolutions will review resolutions for content, relevance, appropriateness, timeliness, and scope. The Committee may edit, rewrite, or combine resolutions.

The Committee will report to the Board of Directors in advance of the convention a recommendation for approval or disapproval of each resolution received by the deadline date. The Committee may recommend referral of a resolution to an appropriate committee or other structural units of the Association.

All resolutions received by the Committee shall be reported to the House of Delegates with the Committee's recommendation.

All resolutions approved by the Committee and the Board will be put before the House of Delegates for vote.

Originators of resolutions will be advised whether their particular resolution has been approved, disapproved, or substantially changed. Reasons for not approving resolutions will be stated.

Copies of substantive resolutions approved for presentation to the House of Delegates will be distributed in advance of the convention to district associations and to delegates.

Guidelines for writing resolutions are available from the Resolutions Committee at NCNA headquarters.

ACTIONS OF THE BOARD

The Board of Directors took the following actions at a meeting on December 3, 1983:

- Approved appropriate signatures for financial transactions.
- Approved appointment of commissions and committees for the 1983-85 biennium.
- Received a report on and discussed issues in the transition of ANA to a federation.
- Voted to contribute $100 to the American Nurses' Foundation.
- Voted to join Hospice of North Carolina as an organizational member.
- Voted to nominate Senator Wilma Woodard and Virginia Stone, Ph.D., R.N., for the "Distinguished Women of North Carolina" awards of the Council of Status of Women.
- Referred to the Resolutions Committee a proposal on anti-smoking efforts.
- Expressed to ANA concern regarding the limited time span allowed for communications from SNAs on important issues.
- Selected the N. C. State Faculty Club as the location for the 1984 orientation session for commissions and committees.
- Appointed Mary Lou Moore to fill a vacancy on the Joint Practice Committee.

At a meeting on January 20, 1984, the board took the following actions:

- Adopted a budget for 1984.
- Increased subscription rate for *Tar Heel Nurse* to $12 for six issues.
- Voted to seek contributions to the ANA Delegate Fund from district associations.
- Directed the Headquarters Committee to examine the total employee salary and benefit package to make it competitive enough to attract and retain qualified personnel.
- Earmarked "windfall" dues income reralized in 1983 for purchase of computer and software and for related staff training.
- Received a draft "Discussion Paper on Nature of Financial Relationships Between ANA and Constituent State Nurses Associations" and reached a consensus on assumptions and recommendations; the president and executive director will compile these into a response to ANA.
- Approved separation of the two-county District Twenty-Eight into two new districts: Caldwell County is District Twenty-Eight and Catawba County is District Thirty-Four.

(continued on page 20)

NPA Section seeks member priorities

The Nursing Practice Administrator Section has some exciting, ambitious plans and projects in mind for the 1983-85 biennium and extends an invitation to interested members to attend meetings.

The next Section meeting is scheduled for Tuesday, March 6, at 9:00 a.m. at NCNA headquarters. Sheila Engelbardt, assistant administrator for nursing resource management at Moses H. Cone Memorial Hospital, will join the group to discuss the need to cost out nursing service in the hospital setting and to explore possible mechanisms for such a project. If you plan to attend please contact NCNA by March 1, 1984.

The NPA Section would like to have input from members and potential members regarding how the Section can meet their needs. If you fall into the role of a nurse administrator at any level (e.g. assistant nurse administrator, head nurse, clinical specialist, consultant, or supervisor) this survey is for you. Please complete the survey by March 30 and return to the NCNA Headquarters, P.O. Box 12025, Raleigh, N.C. 27605.

The NCNA bylaws state that the function of the Nursing Practice Administrator Section is to:

a. Promote and protect the interests of its members and seek to improve conditions of work.
b. Assist in developing and implementing acceptable employment standards for nurses.
c. Work to improve the economic standing of nurses.
d. Advance the roles of nurses in their respective occupational settings.
e. Speak to the commission on Member Services concerning the needs and interests of nurses in the respective setting.
f. Appoint committees as needed to carry out the above functions.

We need your input to assure appropriate programming at the NCNA convention and to address issues that concern you.

A. **Directions:** 1.) Plese prioritize the 6 items below, with 1 being your main concern and 6 being your least. 2.) On a scale of 1-5, with 1 being very important, and 5 being the least important, circle the number that expresses your level of concern.

1. Make recommendations to nursing leaders about characteristics of the work setting.
   Priority # _____
   Level of concern 1 2 3 4 5
2. Improve relationships between levels of nursing administrators and other health administrators who have nurses working in their systems.
   Priority # _____
   Level of concern 1 2 3 4 5
3. Improve relationships between nurses who are middle managers and physicians in the work setting.
   Priority # _____
   Level of concern 1 2 3 4 5
4. Gather information about the status of nurse administrator salaries and take action to improve the same.
   Priority # _____
   Level of concern 1 2 3 4 5
5. Provide programs about economic issues related to federal reimbursement plans.
   Priority # _____
   Level of concern 1 2 3 4 5
6. Provide programs about legal and ethical issues for nurses as they relate to a decreased hospital stay for patients.
   Priority # _____
   Level of concern 1 2 3 4 5

B. List any other ideas you have to share with this section to be considered in future planning.

_____

_____

_____

_____

ANA program package available from NCNA

NCNA recently purchased a media package developed by the ANA Congress for Nursing Practice on "Nursing: A Social Policy Statement." The package includes a 16mm 14-minute film designed to promote discussion of the defining characteristics of the nature and scope of nursing practice as described in the 1980 Social Policy Statement.

This media package would serve as an excellent resource for program planning in NCNA districts as well as other settings. The package is available for rent from NCNA for $20 and the cost of return postage. A special reduced rate is available to district associations. A limited supply of the 32-page booklet, "Nursing: A Social Policy Statement" are also available from NCNA for $2 each.

District Nineteen sponsored a booth at Elizabeth City's "RiverSpree '83", offering free blood pressure checks. The booth stayed busy and received a lot of good PR for the district association.

Judy Seamon named director

(from page 15)

Institute of Medicine. She was appointed by Governor James B. Hunt, Jr.

The Institute was created by the 1983 General Assembly to: be concerned with the health of the people of North Carolina; monitor and study health matters; and respond to requests from outside sources for analysis and advice in forming a basis for health policy decisions. Chairman of the Institute Board is James E. Davis, M.D., past president of the N.C. Medical Society.

Institute membership is not to exceed 100. The Board will admit additional members. The Institute will receive $25,000 this year from the state's general fund, provided it raises $200,000 in non-state funds. These funds may come from private sources, foundations, state and county governments, federal agencies, and professional organizations.

Judy is on the Institute's bylaws committee.

Board Actions

(*from page 18*)

- Approved additional committee appointments.
- Directed the Ad Hoc Committee on Students at Conventions to solicit input from nursing students through ad advisory group to be named by the North Carolina Association of Nursing Students.
- Approved a new charge to the Committees on Human Rights.
- Directed the Executive Committee to prepare a position statement on participation by registered nurses in capital punishment.
- Received a report on the implementation of the 1983 midwifery law and the work of the Joint Midwifery Committee.
- Changed the status of the Ad Hoc Committee on Workshops to a Special Committee to reflect the ongoing nature of the Committee's responsibilities and activities.

I would like to thank all who voted for me in my reelection to the North Carolina Board of Nursing. With your confidence and continued support, I will strive to assure that the citizens of this State receive competent nursing care through meaningful regulation of the licensing process.—Russell Eugene Tranbarger

Paid Adv.

American Journal of Nursing Company and North Carolina Nurses Association 1984 Award for Excellence in Writing

Purpose

This award is intended to encourage members of the North Carolina Nurses Association to write for publication.

The Award

An award of $100 and a certificate suitable for framing will be presented to the winning author.

The Rules

All members of the North Carolina Nurses Association who hold membership during 1984 are eligible, except for employees of the American Journal of Nursing Company and the North Carolina Nurses Association headquarters staff.

The writing submitted must be in prose, prepared for publication but unpublished, not to exceed 3,000 words on nursing; written for nurses, members of other healthcare disciplines or for the general public. *Particularly, participants are encouraged to write articles or reports on nursing projects, innovations in nursing practice, and data collected to improve nursing care.* Entries are to be typed, double spaced on one side of 8½ x 11 white paper. Upon receipt of the entry at state headquarters office, it becomes the property of the North Carolina Nurses Association until it is returned to the writer.

The Judges

Manuscripts shall be judged and the winning entry selected by a committee of members of the North Carolina Nurses Association to be appointed by the president, one of whom shall be the editor of the North Carolina Nurses Association's official publication.

Deadline

No special entry forms or application blanks are necessary. Entries should be sent to: NCNA, P. O. Box 12025, Raleigh, NC 27605, postmarked not later than August 1, 1984.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

Vol. 46, No. 1 **January-February 1984**

Official Publication of the North Carolina Nurses Association, 103 Enterprise St., Raleigh, N.C. Tel. (919) 821-4250. Published 6 times a year. Subscription price $12 per year, included with membership dues. Indexed in *Cumulative Index to Nursing and Allied Health Literature* and available in MICROFORM, University Microfilms International.

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Vol. 46, No. 2 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION March-April 1984

When disaster strikes, nurses are there

On the evening of March 28, 1984, tornadoes struck North and South Carolina leaving 44 dead, 1,240 injured, 181 hospitalized, and affecting over 3,950 families. These are accounts by NCNA members of the response by nurses to the needs of two stricken communities.

By Shirley Eaton, R.N.
in collaboration with Elizabeth Pate, R.N.

Betty Pate, R.N., of Cary is a U.S. Army veteran and crisis counselor/coordinator for Medical Attitudinal Support Help. Shirley Eaton is a retired R.N., now a free lance reporter and photographer in Fairmont.

As word of tornado destruction spread over the Carolinas on March 28, a special breed of people geared up to go into the heart of the disaster and to aid victims.

Governor James Hunt's media request for professional aid brought an outpouring of American Red Cross nursing manpower that would have pleased Clara Barton and warmed the hearts of dedicated nurses everywhere.

Robeson County disbursement centers were established, four in Maxton and two in Red Springs. And an American Red Cross shelter for tornado victims was opened at the hardest hit Red Springs area at the First Baptist Church on N.C. 211. This plan was utilized in other counties as well.

A team of nurses left Fort Bragg early Saturday morning, March 31, for Red Springs. The nurses were to stay for a day until replacements arrived, except Betty Pate of Cary, who was to evaluate the Max-

(continued on page 18)

Betty Pate, R.N., is discussing disaster relief sites with (left to right) Bob Young, Civil Air Patrol; Paul Ramey and David Tuttle, both Raleigh Ham Radio operators, American Red Cross. (Photo by Shirley Eaton Studios, Fairmont.)

By Carol Cox, R.N.

Carol Cox is a faculty member at East Carolina University School of Nursing. She lives in Pitt County where there were nine deaths and 150 injuries as a result of the storm.

Wednesday had been a long day in the clinical area. The students were ready for a quiet evening with their pediatric text and I had term papers to grade. As I stepped out of a relaxing shower we heard the news come over my husband's ham radio of a tornado spiraling through Pitt County.

We listened as a mobile amateur operator witnessed the path of destruction first hand in the community of Ayden. "The car is rocking. My eyes must be as big as saucers. They are trying to remove a woman from under a wall. How can we get in medical help, the roads are covered with wires." Soon we heard reports of mobile home parks devastated and then the news that the Eastern Pines area had been hit—my neighborhood. As I looked outside, the rain continued to pelt against the walk. I remembered minutes earlier a sound like a roaring train, and I realized many neighbors were not as fortunate.

Within minutes the Pitt County disaster plan was in effect. The hospital Emergency Room became hectic, EMT's from surrounding counties responded heroically. Nearby, the Eastern Pines Fire Station was receiving injured from the devastated areas of Simpson and Portertown. They requested assistance for victim triage. There was no thought of whether I would go; I did.

It was amazing that the sightseers were already on the road. We bypassed them and arrived at the Fire Station to see that the 70 feet pine trees in front were now 25 feet, broken off like matchsticks. Inside, a woman with internal injuries lay on a table, her color poor, while two nurses assessed vital signs, knowing also that her husband was already dead. The injured lay on couches, tables, and the floor, most in shock, many with head injuries. Children

(continued on page 18)

Message from the President

Judith B. Seamon

"Challenges and Choices" is the theme for the 1984 ANA Convention. There is no doubt in my mind that the theme will be carried over into the House of Delegates—but will be modified to "Challenge of Our Choice"—namely a challenge to our 1982 choice of adopting a modified federation structure!

As was reported to you following the 1982 ANA House of Delegates—

The 1982 ANA House of Delegates resolved its most controversial issue—structure—by adopting a modified federation model. ANA will be a federation of state associations. Individual nurses will be members of the state association. State associations will be the members of ANA.

NCNA has favored a structure change for the organization for several years, and this year NCNA delegates were very visible in leadership roles in persuading other delegates to support the federation.

Supporters of the federation structure offered these major arguments:

1. A federation strengthens the links between the national organization and the state associations. The ANA board and structural units will be accountable to 53 constituent members rather than to 165,000 individual members. A federation will establish a direct relationship between ANA and SNAs with clear responsibility and accountability.

2. ANA leadership will evolve from among members who are active at the state level. Thus, national leaders will be more sensitive and responsive to grassroots issues. State and local associations will be strengthened because policy-making is brought closer to nurses in the workplace.

3. State associations will have greater flexibility in governing themselves. As long as the per capita assessment is paid to ANA, SNAs will be able to experiment with dues structures and membership recruitment and retention projects that meet local need.

4. The federation will allow for systematic division and subdivision of work and responsibility among the three levels, eliminating duplication of effort and allowing each level to concentrate on those functions it can do best and only it can do. The federation is cost-effective.

ANA will continue to serve the registered nurses in this country but will serve them through the state nurses associations. SNAs are closer to the members and to the state environment where many of the critical issues in nursing are played out.

NCNA delegates went to the convention with strong support for a structure change expressed by the Board of Directors, Membership Committee, Legislative Committee, Council of District Presidents, and in communications from several district associations.

After attending a recent meeting of the ANA Board of Directors, it was clear that some reports and recommendations being sent to the House of Delegates from that Board are not in support of the modified federation structure and in some instances are in direct conflict with it.

The 1984 ANA House of Delegates has the power to clarify its intent in regard to the modified federation structure and to act in ways to secure its implementation. It will, however, be a colossal task requiring careful preparation and informed action.

I encourage you to become informed about this issue and to support your ANA delegates in every way possible, including contributing to the Delegate Fund. Their task is monumental and critical—and as is characteristic of NCNA delegations—will be carried out with commitment and expertise.

NCNA Membership Gains

NCNA was cited in the March 1984 issue of *The American Nurse* as one of five state nurses associations with the largest percentage membership gain during the month of January. NCNA's gain was 3.4%.

NCNA has shown a small but steady membership gain for the past several months. Trilevel membership as of March 1 was 2,513. Bilevel memberships, now being phased out, total 115.

RNs nominated for top state awards

The North Carolina Council on the Status of Women recently presented five Distinguished Women of North Carolina Awards. The Downtown Hilton Inn was the scene of the March 23 reception, program, dinner and award presentation ceremony. Three registered nurses were among the 1984 nominees. These included Cathy C. Hughes of Charlotte, Dr. Eloise R. Lewis of Greensboro and Dr. Virginia Stone of Durham.

The five award recipients were The Honorable Elizabeth H. Dole of Washington, DC and Salisbury, Ruth Braswell Jones of Rocky Mount, Martha C. McKay of Raleigh, Deborah C. McKeithan of Charlotte and Dr. Ellen B. Winston of Raleigh.

Ethical decision-making is conference topic

The UNC-CH School of Nursing is sponsoring a conference, "Approaches to Ethical Decision-Making," in conjunction with the Schools of Medicine and Public Health, May 31-June 2 at Sheraton University Center in Durham.

Experts in bioethics will present papers introducing methodological frameworks that can be applied to patient/client-health care provider relationships and patients' rights, death and sustaining life, quality of life and professional accountabilty. Legal experts will discuss the implications of the laws for decision-making.

Participants in this working conference will discuss bioethical issues in small groups to obtain useful information for their professional practices.

Among the nationally known presenters are Dr. Anne Davis, professor of nursing at the University of California at San Francisco; Christine Mitchell, Harvard University and nursing consultant in the field of ethics; and Warren Reich, director of the Kennedy Institute and professor of bioethics, Georgetown University.

Nancy King, attorney and instructor in the UNC-CH Department of Social and Administrative Medicine, and Ed Hollowell, a Raleigh attorney who specializes in health care related cases, will provide the legal perspectives for conference discussions.

The audience is expected to include physicians, nurses, lawyers, social workers and professionals in religion and philosophy.

The deadline for application is May 21; enrollment will be limited. For further information, contact Nettie Wilburn, Continuing Education Program, UNC-CH School of Nursing, Carrington Hall 214H, Chapel Hill, N.C. 27514, (919-966-3638).

EDITORIAL

Frances N. Miller
Executive Director

The Vulnerable Nursing Administrator

Case in point: Betty Trought was the vice-president of nursing at Pitt Memorial Hospital. She had held the nursing administrator position there since 1979. She had had promotions and salary raises, certainly concrete evidence of satisfactory employment. Until September 1983. She was fired.

The firing apparently came about because of heat on the hospital resulting from nursing administration decisions to transfer laterally two LPNs from the emergency department to some other department and to comply with nursing department budget reductions by a hiring freeze, with the exception that vacant assistant head nurse and specialty nurse positions would be filled by baccalaureate-prepared nurses. For some time the hospital policies had required baccalaureate education for these positions.

Heat came from some physicians advocating for the LPNs who were to be transferred out of the emergency room. The transfer was recommended by the head nurse of the emergency department. Her rationale was that RNs are needed in that tertiary care emergency room, that use of LPNs in that department is not cost-effective in relation to productivity, and that use of LPNs in that department beyond their legal scope of practice could jeopardize patient care. Physicians who had worked with the LPNs over a period of years intervened.

Heat also came to the hospital administration from the community college in the county that is producing LPNs and AD graduates. The community college was stressed because of prospects for loss of employment opportunities at Pitt Memorial Hospital for their students.

It appears that heat from some physicians about where LPNs would be assigned in the hospital and from the community college about where their students would find jobs cost Betty Trought her job. Neither group generating the heat has the primary responsibility for the quality and safety of the **nursing care** provided in the hospital. Once again, nursing has the awesome responsibility for nursing care, but the authority to make the difficult decisions is undermined.

With today's pressures on hospitals to control costs, the nursing administrator is more vulnerable than ever to sudden dismissal if decisions about what kind of nurse is needed and where that nurse is needed should happen to rub the power structure the wrong way.

Betty Trought is suing Pitt Memorial Hospital for $1,392,194 in damages for wrongful discharge. She believes her decisions were consistent with hospital policy, with JCAH standards, with the North Carolina Nursing Practice Act. She believes she was slandered when the hospital administrator told groups of nurses and others that she "lacked credibility."

This case should alert nursing administrators that as individuals they need the protection of an employment contract that clearly requires just cause for dismissal, provides for a grievance and arbitration procedure, requires appropriate notice of termination, and allows the nursing administrator to be represented in processing a grievance. Such a contract must be negotiated by the individual for himself, but NCNA can give some guideance and counsel as to a format for an individual contract.

Area L AHEC Plans Nursing Symposium

Area L AHEC nursing discipline will acknowledge Nurses Week in North Carolina at its first annual nursing symposium May 9-10. The theme is "The Image of Nursing."

Featured speakers will be Dr. Dorothy del Bueno, assistant dean for continuing education, consultant in inservice education, University of Pennsylvania and Hospital of the University of Pennsylvania; Dr. Gloria Hope, interim director of ANA's Government Relations Department, Washington, D.C., office; and Tom McNamara from PM magazine.

The May 9 evening session is a banquet to be held at Wilson Country Club. McNamara will speak on nursing in the public's eye. Dr. Hope will speak on the direction of nursing in health care and political implications. Fee for the banquet session is $10. On May 10, Dr. Bueno will speak on techniques to market nursing and the individual. This session will be held at Wilson Memorial Hospital, and the fee is $15.

For additional information contact Robin Corbett, Area L AHEC, P.O. Drawer 1319, Tarboro 27886.

Going to New Orleans?

Members planning to attend the ANA convention in New Orleans June 22-28 are requested to notify NCNA headquarters of your New Orleans housing. We want to know where our NCNA members can be located, and we want to be able to notify you in advance, if possible, of our caucus plans. Your input on critical issues coming to the House of Delegates will be important.

Circle Tours, Research Triangle Park, has blocked seats on Delta for NCNA members flying to the convention from Raleigh-Durham, Greensboro, and Charlotte. Round trip fares available through Circle Tours are: Raleigh-Durham, $338; Greensboro, $327; Charlotte, $281. The Circle Tours toll free telephone number is 1-800-672-8537. Identify yourself as a member of NCNA attending the ANA convention. These flights depart June 22 and return June 28.

All members may attend the delegate meeting on June 5 in headquarters. The first delegate meeting was held April 18.

Time for Resolutions!!

Do you have strong feelings about an issue that affects nurses, nursing and the health needs of the public?

If so, you should consider formulating your position into a resolution and submit it to the NCNA Committee on Resolutions for consideration by the House of Delegates at the October convention. **The deadline date for substantive resolutions is May 15!** So hurry and act now!!

Mail your proposed resolution to NCNA in Raleigh, c/o Committee on Resolutions.

Women's Network plans conference

The Second Annual meeting and conference of the new North Carolina Women's Network will be held May 18-19 at the N.C. Association of Educators Building, Raleigh.

The Network includes 12 of the largest statewide women's organizations. NCNA is a subscribing organization.

Plans for the May conference include a panel on upcoming legislative issues for the 1984 short session of the General Assembly and workshops on comparable worth, pornography, women and the peace movement, and teenage pregnancy.

Registration begins on Friday evening, May 18, at 7 p.m., followed by a major speaker. Workshops will be held on Saturday. The fee is $15 and includes wine and cheese Friday evening, light breakfast and lunch on Saturday.

Western Union ***Telegram***

ALL NCNA MEMBERS:
CONGRATULATIONS STOP YOU CAN GET FREE NCNA CONVENTION REGISTRATION INCLUDING MEALS STOP RECRUIT 5 NEW MEMBERS FROM APRIL 1 THROUGH OCTOBER 1, 1984 STOP THIS OFFER CAN SAVE YOU BIG BUCKS STOP SEE DETAILS BELOW STOP JOIN US IN ASHEVILLE AS OUR GUEST STOP

Sender: MEMBERSHIP COMMITTEE

That's right! By recruiting 5 new *full pay* members (or any combination of new members paying half-price and/or quarter-price dues equivalent to 5 full pay members) you can enjoy the 1984 NCNA convention, including all meal functions, as a guest of NCNA. Remember to write "Recruited by" and your name at the bottom of each membership application that you use (all three copies). *New members should mail their applications to NCNA as usual.* Applications may be obtained from your district president or membership chairman, or from NCNA headquarters. A *new* member is a nurse who has not been a member of NCNA or another state nurses association for at least six months. When you have confirmed your 5 (or more) recruited members, complete the form below and mail to:

Gale Johnston, NCNA Membership Chairman, 3317 Octavia Street, Raleigh, N.C. 27606.

NAME OF RECRUITING MEMBER _____ DISTRICT _____

ADDRESS _____ PHONE NO. _____

NEW MEMBERS (NAME, ADDRESS, PHONE NO., DUES CATEGORY, — FULL, HALF OR QUARTER — AND DISTRICT)

1. _____

_____

2. _____

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3. _____

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4. _____

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5. _____

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ADD ADDITIONAL PAGE IF NEEDED

May 1-8 is Nurses Week in North Carolina

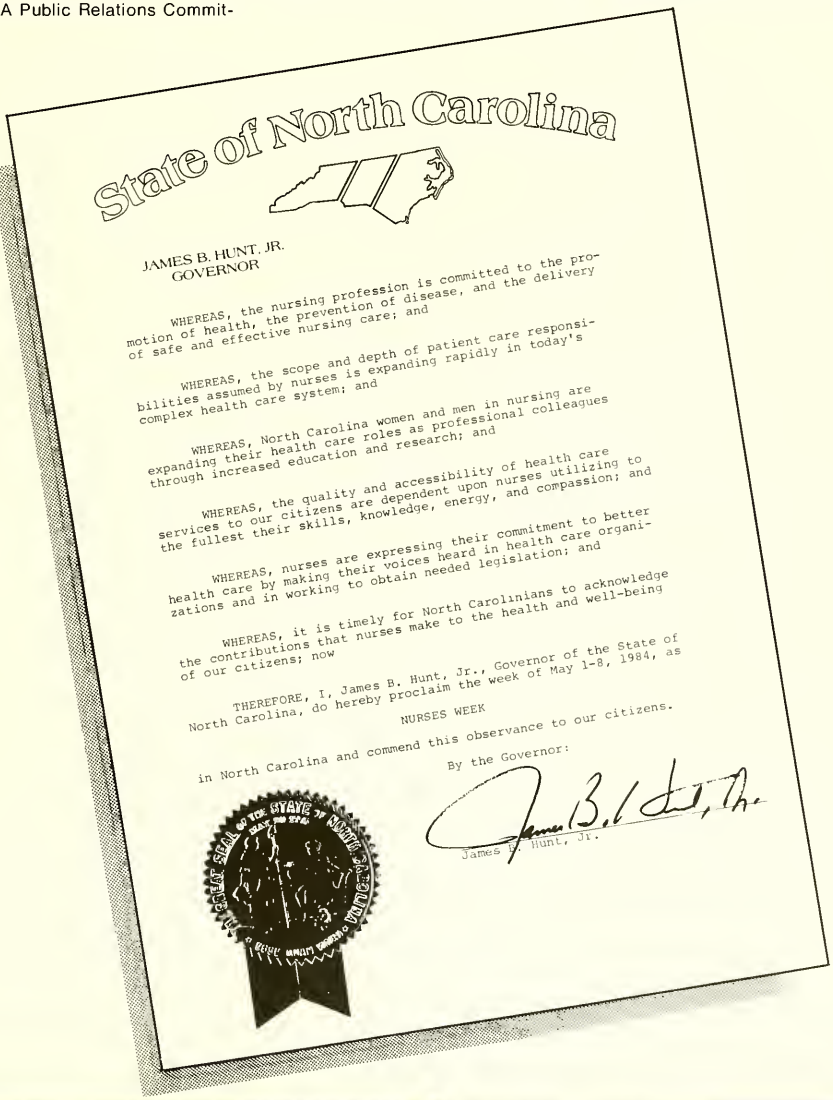
Nurses Week in North Carolina is sponsored by NCNA and will be observed May 1-8. The week-long observance coincides with National Nurses Day on May 6.

Nurses Week is designated to gain recognition for all nurses in North Carolina, to acquaint the public and other health care professionals with the diversity of nursing today, and to spotlight the growing legislative and political power of nurses.

The NCNA Public Relations Committee has sent copies of Governor James B. Hunt, Jr.'s proclamation to hundreds of employment settings where nurses work, to news media, and to district nurses associations. The PR Committee and Nurse PAC collaborated to encourage districts to hold voter registration parties between now and primary election day, May 8, where nurses could register to vote. Districts also are encouraged to take the county registrar to schools of nursing to register nursing students and to invite the registrar to a district meeting to register nurses.

ANA has sent a kit of National Nurses Day promotional material to each district. The kit contains posters, sample radio spots, sample speeches, and a fact sheet about nurses.

ANA is highlighting National Nurses Day and the Nurses: Visible in Politics Project at a national news conference and reception on May 3 at the National Press Club, Washington, D.C.



State of North Carolina

JAMES B. HUNT, JR.
GOVERNOR

WHEREAS, the nursing profession is committed to the promotion of health, the prevention of disease, and the delivery of safe and effective nursing care; and

WHEREAS, the scope and depth of patient care responsibilities assumed by nurses is expanding rapidly in today's complex health care system; and

WHEREAS, North Carolina women and men in nursing are expanding their health care roles as professional colleagues through increased education and research; and

WHEREAS, the quality and accessibility of health care services to our citizens are dependent upon nurses utilizing to the fullest their skills, knowledge, energy, and compassion; and

WHEREAS, nurses are expressing their commitment to better health care by making their voices heard in health care organizations and in working to obtain needed legislation; and

WHEREAS, it is timely for North Carolinians to acknowledge the contributions that nurses make to the health and well-being of our citizens; now

THEREFORE, I, James B. Hunt, Jr., Governor of the State of North Carolina, do hereby proclaim the week of May 1-8, 1984, as

NURSES WEEK

in North Carolina and commend this observance to our citizens.

By the Governor:

James B. Hunt, Jr.

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

I like to listen to nurses talk to each other. Sometimes I sit quietly in hospital cafeterias, or at nursing meetings, or in nursing offices and just eavesdrop. Funny how the language people use gives you a clue as to what their central concerns are. You remember the old issue about how nurses referred to their patient as the "appendix in 212." I still hear nurses discuss the "CABG" or the "Borderline"—all those years of emphasizing individuality and we're still talking medical diagnoses!

Now we're talking other things as well. We've picked up another language. The language of economics. We're hot on cost-benefit ratios, DRG's, FTE's, occupancy rates, and zero-based budgets.

That's okay. We're quick studies. If there's something to learn, we're hot to know it. We want to be able to hold our own in every circle—medical, administrative. And there are so many different languages to be fluent in.

Most important, there's nurse-talk. I enjoy hearing nurses talk nurse-talk. I feel warm and secure when they do. Who else, after all, understands about TLC and "total patient care"? I like hearing nurses concern themselves with the bio-psycho-social-cultural-spiritual needs of patients. It pleases me when they discuss skin care and rehabilitation, illness prevention, and health promotion. "Discharge planning" is music to my ears, as is home care and patient teaching. "Home visit" and "family-centered nursing" have a nice ring to them, and "nurse-patient relationship" sends delightful shivers up my spine. "The Nursing Process" has a noble sound and "assessment, planning, intervention, and evaluation" convey a kind of take-charge competence.

It's not that I have anything at all against all those other languages. I enjoy being conversant in as many tongues as I can master. It's just that our language is so warm and friendly when we speak it with meaning. It's true, you know. Nurses do keep the care in health care!

JCAH accredited hospitals may soon open staff to non-physicians

The board of the Joint Commission on Accreditation of Hospitals (JCAH) passed the long-awaited revision of its medical staff standard on Dec. 10. The standard now allows JCAH-accredited hospitals to open staff membership to health care professionals other than physicians and dentists. Specifically, the standard says that a hospital should have a single organized medical staff to be known as "medical staff" and that this body may "include other licensed individuals permitted by law and the hospital to provide patient care services independently." The new standard allows hospitals to either retain or modify the existing composition of their medical staffs. Passage of the medical staff provision culminates two and a half years of JCAH efforts to create a medical staff standard that would reflect the growth of allied health professions as well as changes in state licensure regulations.

The revised standard will be effective from July 1, 1984, to Dec. 31, 1984, but noncompliance with new elements of the standard will not result in nonaccreditation. The JCAH has not yet decided if the standard will be refined further in 1985. Since embarking on the revision in April 1981, the JCAH has rewritten the standard four times. Each draft has been reviewed by some 4,000 practitioners and representatives from various health care facilities and organizations. The AHA supports the final version of the new medical staff standard and is preparing information to help hospitals implement it, according to President Alex McMahon. "Underlying the support is recognition that there were antitrust liabilities in the former standard that are resolved in the new one." The new standard also underscores the importance of high-quality care in hospitals, he said.

(From **Hospital Week,** December 16, 1982)

AJN NEEDED

NCNA needs a copy of the January 1975 issue of *American Journal of Nursing* to complete that volume for binding. If you have that issue and are willing to donate it to our library, please let us know.

Hayes named president of N.C. Lung Association

Frances D. Hayes of Greensboro, supervisor of Community Health Nursing for the Guilford County Department of Public Health, on April 25 was to be installed as president of the American Lung Association of North Carolina at the Association's annual meeting in Asheville.

Mrs. Hayes became one of the first TB project nurses in North Carolina 22 years ago. She has held several regional and state offices in the Lung Association. She is a member of NCNA, the North Carolina Public Health Association and serves the finance committees of both associations. She is secretary of the Rockingham-Northern Guilford Migrant Council.

In December 1983, Dr. Sarah Morrow, Secretary, Department of Human Resources, appointed Mrs. Hayes to serve a two-year term on the N. C. Advisory Committee for Tuberculosis Control.

Human Rights Committee seeks minority input

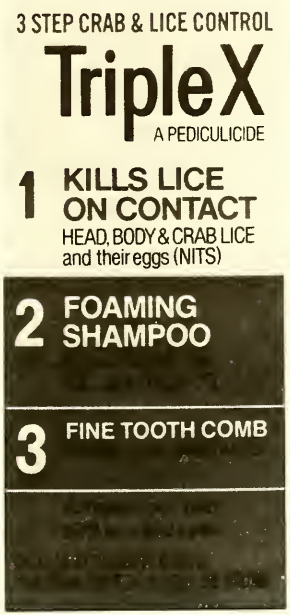
The Human Rights Committee is seeking minority nurses willing to participate in committee activities and projects aimed at greater involvement of minorities in NCNA and the nursing profession. A representative of American Indian nurses is especially needed.

The volunteer may not wish to commit to committee membership but could serve in an advisory capacity for specific events and projects. Interested nurses may contact Committee Chairman Johnea Kelley, 1708 Roxboro Road, Durham 27701, or c/o NCNA.

NURSE PRACTITIONER in Wayne County Health Department. 8 A.M.-5 P.M., Monday through Friday. Must be licensed in North Carolina. Contact Nursing Director, Wayne County Health Department, 301 N. Herman Street, Goldsboro, NC, 27530. Phone: 919-736-7801, EOE.

Two ways your patients can treat crab and lice infestation.

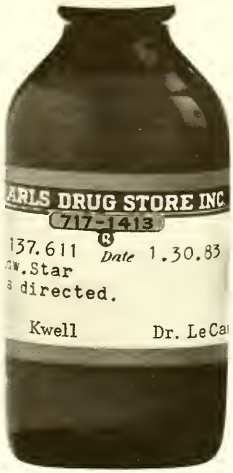
Triple X or Rx



- Contains pyrethrins. No CNS toxicity warning.
- Kit includes pediculicide shampoo, rinsing shampoo and a fine-tooth comb.
- Has advantages over other over-the-counter pediculicides, e.g., 81% more active ingredients (pyrethrins) than A-200.

It's easier for your patients to obtain over-the-counter Triple X than take the time to get a prescription for their infestation.

So when treating infested patients, recommend they use Triple X. They'll find it in 2 oz and 4 oz bottles at their local pharmacy.



- Contains gamma benzene hexachloride (also known as lindane, a chemical that penetrates human skin pores and can cause CNS toxicity). Warning required.

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If retreatment is indicated by presence of eggs or lice after 7 to 10 days, a second treatment is recommended by the U.S. Public Health Service

NCNA testifies on cost-effectiveness of nurses

Judy Seamon, NCNA president, presented this testimony on February 15, 1984, at a meeting of the Legislative Study Committee on Medical Cost Containment. NCNA is among several professional organizations that have presented views on curbing the rising cost of health care. The testimony was prepared by NCNA staff.

At a recent meeting in Raleigh of hospital administrators, a physician speaker described the American health care system as the "Rolls Royce" of health care systems. It is the most technically advanced, resource-rich system in the world. And it has a "Rolls Royce" price.

We spend billions of dollars a year on our "illness system"; we buy illness insurance, not health insurance. We are spending 95% of all resources on 5% of the problem. That 5% is medical care to pull us through an acute illness. We are spending little on health care to keep us in a state of wellness.

Yet as these costs climb, so do the figures on preventable diseases. We have not been buying better health with these dollars, as evidenced by the rising rate of venereal disease, stress-related illnesses, and the strong comeback of communicable childhood diseases we thought we had conquered.

We are required to buy the Rolls Royce because our reimbursement system mandates that we use the most expensive provider and the most expensive health care delivery facilities. And now there is even talk that because the cost of the Rolls Royce is becoming unaffordable for the American people, we must accept a rationing of the Rolls Royces in the next few years. The thinking seems to be: if a person can't afford the Rolls Royce, he doesn't get to ride at all; if a person cannot get physician care or physician directed care, he is not entitled to receive *any* health care.

Such rationing of health care has serious ethical and moral implications. We are ethically and morally obligated to investigate *all* health services available as alternatives to high cost medical care before dividing people up into those who can ride in the Rolls Royce and those who cannot.

The health care system must look to the pay-off of expanded primary care services to prevent illness and disease, and in doing so we must utilize our greatest cost-effective health manpower resource—registered nurses. There are more than 1,500,000 registered nurses in this country, the most geographically accessible and the most disease-prevention focused of all the health professions. A prevention-focused system will be the most important step in curtailing spiraling health costs.

My remarks will deal with: (1) why registered nurses must be recognized as health care providers; (2) evidence that nurses as primary care providers are safe and cost-effective providers; and (3) what cost containment measures this committee can support that will allow registered nurse providers to make a greater contribution to cost-effective, accessible health care.

Recognition Of Nurses As Health Care Providers

The present reimbursement system fails to recognize registered nurses as health care providers.

Registered nurses are largely ignored in the present reimbursement system. Their services are deliberately underutilized. The system profits most other providers—physicians, pharmacists, drug companies, and manufacturers of high technology equipment. They profit from a physician and institution-controlled system, and they do not especially favor recognition of a group of providers whose practice is characterized by noninstitutionalization, nondrug therapy, and less high-tech intervention. Our traditional health care reimbursement system permits providers literally to control the use, duration, intensity, and quality aspects of nearly all health services.[1]

Recent changes in health care financing are labeled "pro-competitive". However, the so-called consumer pro-choice measures lack several important components of choice and competition. The consumer is barely visible in any proposal, and any competition that exists is competition among the current providers.[2] No provision is made for new competition from new providers. In other words, the only competition still is among Rolls Royces. The term, "competition", to describe these current proposals for cost containment will be mere rhetoric unless proposals are altered to include competition among a variety of credentialed providers.

Some of the current cost-containment proposals are merely cost-shifting proposals, but the Rolls Royce still costs the same—the purchase price simply comes from different sources.

Today we find many primary care nurses providing patient services that are reimbursable—but only to a physician. Paying physician providers for the work a nurse provider initiates and performs is inequitable and discriminatory. Restrictive insurance laws and government regulations effectively limit nurse providers to employee status because the nurses are unable to independently generate income through the accepted source of third-party payors.

We submit that to make any difference in the high cost of health care, we must recognize and reimburse non-physician providers and utilize alternative health care delivery modalities. These proposals are not new, but usually alternatives in health care are paralyzed by arguments that alternatives will increase utilization and that only physicians can provide quality care.

We cannot measure quality in terms of the price tag—that would be assuming the Rolls Royce is the best because it costs the most. We must demand "outcome" evidence as the measure of quality. Is it safe care? Does the care result in desired outcomes?

Evidence: Quality and Cost-Effectiveness

Let us look now at what nurses do and how they meet the test of quality and cost-effectiveness.

Preventive health care has been a hallmark of professional nursing practice for many years. There are nurses who by advanced education and clinical training become primary care providers, who first of all provide nursing care and whose practice includes prevention of disease, promotion and maintenance of health, assessment of health needs, treatment of stress, long-term nursing management of chronic illness, care of the aged, and referral of clients to other resources. In addition, nurse practitioners are able to diagnose and manage uncomplicated health problems and specific disorders.

These nurses are not practicing with a "limited license"—they are practicing to the fullest extent of their licensure as registered nurses. They are not rendering "second class medicine"—they are rendering first class nursing. Nurses are not physician extenders. If the physician leaves the practice, the registered nurse is not left unable to practice. The nurse has his/her own identity, is licensed in his/her own right, accountable to patients for his/her own practice, and is in command of a separate body of knowledge.

Twenty years of data collection on cost effectiveness and quality of primary care nursing practice has produced volumes of literature. There is overwhelming evidence that primary care nurse providers—nurse practitioners, nurse midwives, clinical nurse specialists—provide safe, cost-effective care with the desired outcomes. We are providing a reference list of only a portion of these and wish to cite some of the relevant data briefly.

Nearly 30 studies comparing the impact of nurse practitioner practice on quality and type of care delivered were reviewed in a publication by ANA and the National Association of Pediatric Nurse Associates and Practitioners.[3] The studies found that:

- Nurse practitioners achieve better control of obesity and hypertension in their client when compared with physicians;
- 70 percent of children seen by a family nurse practitioner were managed without consultation; 82 percent of children seen by a pediatric nurse practitioner were managed alone and 18 percent were referred; another study found that two-thirds of patients seen by the nurse practitioners were managed without consultation;
- 86 percent of nurse practitioners' patients gained satisfactory relief from symptoms vs 73 percent of physicians' patients; outcomes were comparable on measures of mortality, physical activities of daily living, and social and emotional function. Nurse practitioners were found to identify more signs and symptoms or to have greater knowledge of patients' problems, to be more available to patients, to have better attendance or fewer broken appointments, and to have better compliance and greater continuity of followup.
- Patients receiving nurse practitioner care were found to have fewer emergency room visits or visits to other physicians, an increase in patients returning to work, greater telephone contact, increased prescription of nondrug therapy, and better documentation of follow-up of previous treatment.

A hospital clinic study of a nurse midwifery service in Madera County, California, in the early 1970's showed a marked decrease in premature

births among poor women and the reduction by more than 50 percent in neonatal mortality. The service was terminated despite these achievements, and legislative change was defeated that would have allowed these midwives to practice. Data for the two years following termination of the service show that prematurity had returned to the levels existing before the nurse-midwifery program, and neonatal mortality and tripled.[4]

A nurse practitioner-staffed clinic at the Miami Center for Retarded Adults proved to be more cost effective than an on-call physician who either visited the center when needed or treated these patients in his office.[5]

Runyon's studies of nurses' roles in the continuing care of patients with selected chronic diseases have shown dramatic improvements among nurse-clinic patients: in reducing diastolic blood pressure of hypertensive persons; in reducing blood glucose levels of diabetic patients; and in a 50 percent reduction of hospitalization.[6]

In a study of home and nursing home care of chronically ill elderly persons using nurse practitioners with physician backup, it was found that hospitalization frequency and length of stay were markedly reduced when compared with similar populations receiving traditional care.[7]

Martinson's studies of home care of dying children provide significant evidence of improved quality, improved satisfaction, and lowered costs.[8]

In a study comparing nurse practitioners and physicians on processes of care, of the 47 process criteria used, the observed differences favored the nurse practitioner 36 times, the physician 8 times, and were the same three times. Nurse practitioners did significantly more extensive health education and follow-up than did physicians. In health education, there were 10 observed differences favoring the nurse practitioner; none favoring the physician.[9]

Analysis of 471 books and journal articles reveal that nurse practitioners have been fully accepted by patients as a source of health care and the nurse practitioner is competent in the delivery of quality care, according to M. W. Edmunds in an overview of the literature.

In studies comparing the quality of nurse-midwifery care with routine obstetrical practice as delivered by obstetrical residents, nurse midwifery achieved major reductions in prematurity and neonatal mortality, decreases in percentage of low birth-weight babies born, and increases in the number of babies born symptom-free. The obstetrical residents had a higher rate of forceps delivery, which apparently were for reasons other than medical indications.[10]

A project in South Carolina found that adolescents cared for by nurse midwives were less often anemic at delivery and had more normal spontaneous vaginal deliveries and larger babies than a comparable group of patients served by obstetrical residents.[11]

There is overwhelming evidence that primary care nurse providers are cost-effective.

A health maintenance organization using nurse practitioners and other non-physician providers found that average visit costs decreased by 20 percent.[12] Others have documented a decrease in use of medication by patients[13] and a 27 percent decrease in laboratory and prescription costs.[14] A study of a Maryland health maintenance organization found that pediatric nurse practitioners provided less costly, but as effective, care as physicians to children with otitis media and pharyngitis.[15] Another study documented that nurse practitioner costs per patients were 39 percent of those generated by visits with physicians.[16]

Group Health Association, a prepaid medical plan that provides health care to 115,000 Washington area residents, says its nurse midwife program, offered since 1974, is one of the plan's most popular benefits. In 1982, the GHA annouced to the media that midwifery care in a birthing center will be the standard benefit as a cost containment effort.

An early hospital discharge program was initiated by the Denver Department of Health. The results showed a savings of $515,719 in hospital costs for Medicare patients as a result of early discharge of 292 patients to home care programs managed by registered nurses. Similarly, the Home Health Care Association of Rochester, N.Y., demonstrated an estimated reduction of 13,713 acute care patient days and a savings of $1,055,000.[17]

A University of California survey of 93 primary care practices conclusively demonstrates the cost effectiveness of the family nurse practitioner in primary care settings.

A 1980 study by CHAMPUS to determine the cost effectiveness of direct, indepedent reimbursement to nurse practitioners found that nearly 75 percent of the nurse practitioner billings for procedures studied were 31% less than the amount normally allowed to cover physician bills.

Three extensive studies (AMA Center for Health Services Research, 1976; the Macy Commission, 1976; and Systems Sciences Inc., 1978) all found that there is considerable cost-saving potential with the use of nurse practitioners. Given the result of such studies, the National Commission on Cost of Medical Care (1977), and the Medicus Systems Corporation (1980) both recommended reimbursement for nurses practicing in an expanded role to promote economic efficiency.[18]

Studies have well demonstrated the cost savings resulting from nurse midwifery care. The six-year study in New York City of comprehensive ambulatory maternity care shows savings ranging from $855 to $1,840 when compared to normal birth charges in 13 Manhattan hospitals for a Medicaid population.[19] The potential for saving as demonstrated by the Childbearing Center in New York City has so impressed some major corporations—duPont, Rockwell International, and Atlantic Richfield—that they're now including birth centers in their health care packages.

The Appalachian Regional Commission report at the 1976 meeting of southern governors concluded that a significant savings was experienced by using primary nursing care. Several studies pointed out that there was a net savings in Medicare costs and a 10-15% decrease in the duration of hospital stays where these provider services had been introduced.

An article in the *New England Journal of Medicine* states that in terms of cost to consumers, an HMO using nurse practitioners as providers found that the average visit cost decreased by 20%.

A small industry employing 165 workers compared costs before and after employing nurse practitioners. Cost savings were reported as $75,000 per year for the first year as a result of comprehensive health teaching and primary care services by the nurse practitioner.[20]

Freund and Overstreet examined 39 field studies, and the findings gest that with the use of nurse practitioners productivity increased from 12 to 79%; cost of care per year ranged up to 23% less; cost per visit ranged from 20 to 41% less; hospitalization use patterns were decreased.[21]

The data we have cited are only a part of the accumulation of impressive evidence showing successful outcomes using nurses in primary care, as measured by standards of cost and quality. The positive outcomes of nurse midwifery practice are staggeringly impressive. Nurse midwifery care has achieved major reductions in pre-maturity and neonatal mortality. Nurse practitioners have improved access to and reduced costs of primary care. Nurse rehabilitation has increased return to work. Nurses are the preferred provider of some consumers for many types of health care, such as childbirth services, chronic illness care, and wellness education and counseling.

Donna Diers, dean of Yale University School of Nursing, states: "Data now show convincingly that well-prepared nurse practitioners can deal quite safely with 70 to 80% of the patient problems that occur in the office or ambulatory visit." In current literature on new health providers, it is pointed out that both new primary health care providers and physicians are trained largely at public expense. It is suggested that since the respective educational outlays are so disparate, a shift of all delegatable services to new primary providers would save many millions of tax dollars per year.

The issue is always raised of the physician supervision requirement when one suggests acknowledging registered nurses as primary care providers and reimbursing the nurse directly for the service. Appropriate physician input into the primary care practice of a nurse does not depend upon an employer-employee relationship. The practice of a primary care nurse can be entrepreneurally independent while maintaining required clinical supervision or adequate access to an MD for collegial consultation.[22]

Nurses as Care Providers for the Elderly

There is a special population group—the elderly—whose health care needs are taxing our system greatly. Nurses are the one group of providers who can make a difference in the cost of services to the elderly and in the quality and appropriateness of the care they receive.

Our skilled nursing facilities are replicas of the hospital. We are locked into a medical model for health care of the elderly, yet their primary health care needs are those related to the care and services provided by nurses.

Without reform, the existing long-term care system will become increasingly unworkable. The use of the term "nursing" in the name of many existing facilities is a misnomer. There is little real "nursing" there. If these facilities are to provide professionally managed care, there must be a full-time professional presence in these institutions. Nursing is the only professional group that has the capacity to supervise clinical services in the institutions on a 24-hour basis, and nurses must have clearly defined independent clinical decision-making authority.

Last year NCNA issued a position paper calling for an identifiable gerontological content in the curricula of our schools of nursing. Several years ago we stressed to the Study Committee on Aging the need for a resource in this state to provide continuing education for all personnel who care for the elderly and consultation in gerontology. Since most knowledge in gerontology is new knowledge, there is great need to provide continuing education for those who have not had exposure to this new knowledge.

There is in this state a shortage of nurses qualified in the specialty of gerontological nursing. These specialists are needed in nursing homes and in community health settings, especially in home health programs.

Responding to a survey by Mountain States Health Corporation, 46 institutions listed the most compelling reasons why they utilize a geriatric nurse practitioner: improves quality of care; makes up for lack of physician coverage; increases rehabilitative services; allows outreach to the community, such as ambulatory care clinic; gives clients "more for their money"; improves psychosocial involvement with residents "which our physicians don't seem to value."[23]

To summarize our evidence of the quality and cost-effectiveness of nurse providers, we can conclude that it is more cost effective to use nurses for primary health care involving nursing care, health promotion, and management of non-complicated health problems and to utilize physicians for the more complex medical care.

We certainly are not suggesting that nurses can relieve all the cost containment problems; however, any serious efforts to contain health care costs must utilize more appropriately our nursing resources. Our discussion with you today is in no way meant to minimize society's continuing need for the skills of physicians dealing with complex medical problems.

Major changes in the visibility of nursing in reimbursement patterns are needed. Such changes are hindered by insurance law,, regulations, and interpretations of practice acts within the state.

The Institute of Medicine Study of Nursing and Nursing Education stated in Recommendation Fifteen:

"There is a need for services of nurse practitioners, especially in medically underserved areas and in programs caring for the elderly. Federal support should be continued for their educational preparation. State laws that inhibit nurse practitioners and nurse midwives in the use of their special competencies should be modified. Medicare, Medicaid and other public and private payment systems should pay for the services of these practitioners in organized settings of care, such as long-term care facilities, free-standing health centers and clinics, and health maintenance organizations, and in joint physician-nurse practices."

We must support innovative changes in the health care system—in how services are delivered, by whom, and how they are financed. Innovative programs are being designed—Community Nursing Centers, Senior Citizens Health Centers, Block Nurse Programs, preferred provider arrangements with industries including nurses as providers. They will flourish and make a difference in quality and cost-effectiveness only if nurses' services are reimbursable and free from requirement of costly and unnecessary physician supervision.

Costing Out Nursing Services in Institutions

Although the focus of the reimbursement issue is different for nurses in salaried positions in institutional settings, this also is an important consideration. Nursing care is one of the major services provided in institutions, but in most cases, it is billed in an aggregate sum, along with such costs as room, board, maintenance, laundry, supplies, and equipment. In the current reimbursement system, the cost of nursing care cannot be clearly delineated as compared to its benefits. Often, in institutions, nurses are not in economic, decision-making positions and, therefore, they have little power to effect improvements in health care cost problems. Reimbursement to institutions for nursing care as a separate, distinct service would allow nurses to monitor nursing costs and promote greater nursing efficiency.[24] It would also allow the consumer to see how much he is paying for nursing care as distinct from all other hospital charges. We know the high hospital costs are not due to registered nurses' salaries. Only about one-fifth of hospital personnel are nurses, and RN wages account for only an estimated 11% of total hospital costs. Salary expenses for nursing personnel in hospitals have *declined* as a percentage of hospital expenses since 1968. A 10% increase in RN wages would produce only about a 1% increase in hospital expenses.[25]

You likely have heard about and will hear about prospective payment and DRGS. We will not deal with this aspect of cost containment in today's remarks, but would urge you to provide opportunity for nursing adminstrators to present at a later date nursing's comments and perspectives on prospective payment.

What This Committee Can Do

We recognize that this committee cannot solve all the problems of the high cost of health care and that nurses cannot solve all of them, but there are important actions you can take that will make a difference. We urge you to:

1. Recommend legislation that will mandate health benefit insurance policies to reimburse nurses for services that are otherwise reimbursable and within the nurse's legal scope of practice.
2. Recommend legislation to include reimbursement to nurses in the state employee health benefit plan for services that are otherwise reimbursable and within that nurse's legal scope of practice.
3. Recommend legislation directing that the state Medicaid program reimburse primary care nurses to the fullest extent allowed by federal regulations.
4. Encourage the University System to explore the need for a program to prepare geriatric nurse practitioners.
5. Express to Congress support for reimbursement to qualified nurse health care providers in the Medicare program.
6. Express to Congress support of legislation to establish Community Nursing Centers and other innovations utilizing nurses as health care providers.
7. Explore the need of nurse representation on the Board of Trustees of Blue Cross/Blue Shield.

We thank you for this opportunity to express our views and will be glad to work with you in pursuing any of these ideas.

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Think Membership

RN history buff joins crew of *Elizabeth II*

On July 13, 1984, the 400th anniversary of the first landfall by Amadas and Barlowe, the *Elizabeth II* will be given by the Quandricentennial Corporation to the State of North Carolina to become our 21st State Historic Site.

Leigh Andrews, NCNA member, will be among the crew members on hand to assist in the festivities. Many members know Leigh as a former chairman of the NCNA CERP Committee and as a member of the Board of Nursing. You may not know that this Tar Heel nurse is an avid student of history and is taking an active part in America's 400th anniversary celebration.

Elizabeth II is a replica of the 16th century sailing ship that brought the first English settlers to the New World. The idea of constructing a 16th century vessel was suggested by Governor James B. Hunt, Jr., as a part of America's 400th Anniversary Celebration that begins this spring and lasts until the summer of 1987. North Carolina will be the focal point of this celebration to recognize and commemorate the efforts, sponsored by Sir Walter Raleigh, to establish an English settlement at Roanoke Island between 1584, when the first voyage took place, and 1587, the last contact with the "Lost Colonists."

Leigh became involved with the *Elizabeth II* long before the ship was completed. In the spring of 1982, she saw the keel lying humbly on the construction site on the Manteo waterfront. A few inquiries led her to the Friends of Elizabeth II, a voluntary organization that supports the ship's interpretive and educational programs, provides for training of the crew, and oversees operation of a gift shop.

On November 22, 1983, the every exciting day when the *Elizabeth II* was launched, Leigh could be seen selling Friends of *Elizabeth II* T-shirts on the Manteo waterfront! In December 1983, after some encouragement from Capt. Horace Whitfield, Leigh applied for crew training. Since that time, she has been involved in monthly training sessions aboard the *Elizabeth II*—learning belaying plans, identification and handling of lines, sails, and safety afloat; and practicing knots. One session was spent practicing carrying out commands and exercising running rigging to yards, and learning the history of shipboard life aboard the *Elizabeth*. During the March training session, Leigh assisted in CPR certification for fellow crew members. Upcoming training sessions will deal with ship maintenance, bending the sails, 16th century ceremony, and the use of 16th century navigational equipment.

"This is one of the most exciting projects I've ever been involved with," says Leigh. "One of the bigget thrills of my life was seeing her launched and then being able to board her, after months of watching her being built. It gives me an appreciation for the risks and hardships the colonists must have experienced."

From her home port in Manteo, *Elizabeth II* will be capable of sailing the inland waters of North Carolina and visiting ports along our state's coast. Leigh will sail on some of the expeditions during the spring and fall, when people will be allowed to go on board to experience what it was like to sail on a 16th century vessel.

When Governor Hunt suggested building the *Elizabeth II*, it was discovered that no plans or specifications for these vessels exist, so it was decided to build a representative vessel based on a description in the account of the 1585 voyage. This brief description simply states that one of Sir Richard Granville's ships was a merchant vessel, "the Elizabeth of fiftie tunnes." There is no further record of *Elizabeth*'s fate after she left these shores.

Preliminary plans for the *Elizabeth II* were drawn by the late William Avery Baker, architect of period wooden vessels such as the *Dove* and *Mayflower II*. Final drawings and specifications were prepared by naval architect Stanley Potter, a former associate of Baker and now a part-time resident of Beaufort, N.C. Shipwrights included two co-foremen from Maine, several local men, and two shipwrights from Maryland's *Dove*.

The *Elizabeth II* now rides quietly at anchor in Shallowbag Bay waiting patiently for the day when the wind will fill her sails. And there is a Tar Heel nurse who waits with her.

Nurse-sailor Leigh Andrews has joined the crew of *Elizabeth II*, which will sail the North Carolina coast during America's 400th Anniversary celebration.

Leigh assists fellow crew members in CPR certification. Sam Woodley practices while Olivia Isol watches.

ACTIONS OF THE BOARD

The Board of Directors at a meeting on February 17, 1984, took the following actions:

- Received a report from the Executive Committee on these actions—
  - —Authorized mailing of campaign literature to NCNA members by candidates for public office;
  - —Approved amendments to "Policies and Guidelines for Commission and Committee Chairmen and Members;"
  - —Approved seeking liaison relationship with the North Carolina Society of Nursing Service Administrators;
  - —Drafted response to the Board of Nursing draft rules on legal definitions of nurse practice;
  - —Authorized the Commission on Education to explore the feasibility of a North Carolina nursing journal;
  - —Authorized travel for president and executive director to attend out-of-state meetings as preparation for decisions on implementation of the federation structure;
  - —Made recommendations for appointment of an occupational health nurse to the Coalition on Sexually Transmitted diseases;
- Directed that NCNA's testimony on cost-effectiveness of RNs be published as presented to the Legislative Study Committee on Medical Cost Containment.
- Appointed Rebecca Carnes to the Nurse PAC Committee.
- Appointed Connie Mele to the Special Committee on the Impaired Nurse.
- Appointed a subcommittee to draft policies regarding financial remuneration for members who are presenters at convention.
- Suggested NCNA members for nomination for ANA cabinet appointments.
- Nominated Dr. Laurel Copp for a registered nurse appointment to the Board of Directors of the American Journal of Nursing Publishing Company.
- Solicited names for appointment to the Committee on Practice and Education of the N.C. Conference of Public Health Nursing Supervisors, Directors, and Consultants.

At a meeting on March 23, 1984, the Board took the following actions.

- Made suggestions to NCNA Committees for fostering equity within NCNA in participation and leadership by minority nurses.
- Approved a new membership benefit pending obtaining satisfactory references for the vendor.
- Appointed Alexandra Wright to the Commission on Practice to fill a vacancy.
- Adopted polices on student attendance at conventions, allocating one student representative to each school at no fee except for convention meals.
- Approved a recruitment project submitted by the Membership Committee offering free convention registration to each member who recruits five new members (or five full pay member equivalents) by October 1, 1984.
- Approved appointment of Margaret Whittington to the Special Committee on the Impaired Nurse, representing the Nursing Practice Administration Section.
- Approved recommendations from the Committee on the Impaired Nurse regarding possible co-sponsorship of a seminar on the impaired nurse.
- Approved funding an exhibit at the Wellness Institute in June.
- Reappointed Connie Wolfe and Sally Nicholson as advisors to the North Carolina Association of Nursing Students.
- Directed that NCNA bylaws be filed with the ANA Committee on Bylaws for review as to constituent status.
- Referred to the Executive Committee for study the issue of physician review of the nursing care plans in the Community Nursing Centers bill pending in Congress.
- Appointed Elizabeth Pate to the Public Relations Committee.

Board of Directors, districts adopt 'personal board member' project

Some people have their "personal banker," but NCNA district associations now have their "personal board member."

The idea came from the NCNA Board of Directors as an effort to strengthen communication between NCNA and the district associations. The board member-district relationship is intended to give districts a contact for consultation, information, and support. How the board member and district association communicate will depend on the district needs and interest.

Following is the list of "personal board members" and the districts they will nurture:

Pat Ausband—District Twenty-One
Carolyn Billings—District Seventeen
Judy Seamon—Districts Nineteen, Thirty-Two
Hettie Garland—Districts One, Twenty-Six, Twenty-Three
Gale Johnston—Districts Thirteen, Twenty
Sally Todd—District Fifteen
Wanda Boyette—Districts Eighteen, Twenty-Seven, Thirty-Three
Sheila Englebardt—Districts Five, Eight, Seven
Carol Koontz—Districts Two, Twenty-Eight, Twenty-Nine, Thirty-Four
Connie Wolfe—Districts Fourteen, Sixteen, Twenty-Two
Mary Lou Moore—Districts Three, Twenty-Five
Sylvene Spickerman—Districts Twenty-Four, Thirty
Gwendolyn Waddell—Districts Eleven, Ten
Debbie Craver—Districts Four, Six, Nine, Twelve, Thirty-One

Kit available on High Blood Pressure

The ANA Division on Medical-Surgical Nursing Practice recently released the 1984 High Blood Pressure Kit. This year's theme is "High Blood Pressure Control: Share the Success."

The kit calls for agencies and organizations to use the month of May for educating hypertensives, their families and friends, and all members of the health care team. The kit contains an activity guide, feature sheets, prepared articles, posters, pamphlets and information about other educational materials.

Copies of the kit may be ordered from the High Blood Pressure Information Center, 120/80 National Institute of Health, Bethesda, MD 20205.

Medical-Surgical Nurse of the Year Competition

The Medical-Surgical Division will again sponsor competition for the "Medical Surgical Nurse of the Year" award. While the criteria will be revised somewhat, the committee will present the award, as in past years, during the NCNA 1984 Convention in Asheville. The Division expects to have criteria prepared for dissemination by June 1, 1984 and has set a deadline date of September 1 for receipt of all nominations. Interested persons should contact NCNA after June 1 and request a copy of the award criteria.

What are your learning needs?

The Special Committee on Workshop Planning is trying to identify topics that can meet your learning needs. Please list titles/subjects under the following categories for committee consideration when planning future workshops. Thank you.

Nursing Administration

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_____

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Legal and Political Issues

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Clinical Issues

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Finance and Economics

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_____

_____

Current Trends

_____

_____

_____

Nursing Education

_____

_____

_____

Where do you reside? _____

Do you prefer _____ 1 day workshop?
_____ 2 day workshop?

What is the maximum amount you are willing to pay for a _____ 1 day workshop?
_____ 2 day workshop?

***Return to NCNA, P.O. Box 12025, Raleigh, N.C. 27605 *by* June 1, 1984.**

NEWS BRIEFS

• On September 26, NLN-NCLN will sponsor a workshop on "Test Construction" at the Holiday Inn Four Seasons in Greensboro. Contact the NCLN office for details.

• Governor Jim Hunt announced plans to create the position of Assistant Secretary for Women's Economic Development during a speech to the 1983 North Carolina Assembly on Women in the Economy. On January 31, 1984, Governor Hunt's office announced the appointment of Doris M. Cromartie of Charlotte to the position.

• Duke Nursing Inservice Education will sponsor a workshop, "Maternal Child Nursing Today!", on May 3-4 on the Duke University Campus. For details contact Jane Hastings at (919) 684-4293.

• At the 1984 NCANS Convention in February a resolution was adopted by the House of Delegates which extended gratitude and appreciation to the 1984 Duke University School of Nursing's last graduating class and faculty members. The resolution recognized several of the schools graduating seniors and faculty as outstanding leaders for the profession of nursing. Those recognized included Eve Myers, Margaret Buck, Jennifer Greenwald, Jeannie Irvine, Dr. Ruby Wilson and Dr. Juanita Long.

• "Neurobiology of Learning Disorders," Psychology 591 W, will be offered during the first summer session at NCSU if a minimum of 10 persons enroll immediately! This is a three-credit-hour graduate level course, but would also be open to upper-level undergraduates. Details can be obtained by contacting Ruth Relos in the Psychology Department at NCSU.

• The University of Arkansas at Little Rock, in cooperation with St. Vincent Infirmary, has developed a series of workshops, "Education and Service: The Partnership in AD Nurse Development." Aimed at improving graduate associate degree nursing performance, these workshops team nursing service personnel and faculty members for an improved working relationship. For further information contact Linda Rimer at (501) 569-3230.

• The Oncology Nursing Society will hold the Ninth Annual Congress in Toronto, Canada, on May 2-5, 1984. The theme for this year's Congress is "Communication, Cooperation, Collaboration." Details can be obtained by writing to Oncology Nursing Society, 3111 Banksville Road, Suite 200, Pittsburgh, Pennsylvania 15216 or by calling (412) 344-3899.

• The Nurse Theorist Conference will be held on May 2-4 in Edmonton, Alberta, Canada. Details can be obtained by contacting Boyle, Franchuk, Kidd & Letourneau, Quality Assurance Consultants-Nursing, 4 Lucerne Crescent, St. Albert, Alta., Canada T8N2R2. Continuing education credit from NCNA can be applied for on an individual basis after the conference.

• The Otto Rank Association of N. C. invites you to celebrate the centennial birthdate of Otto Rank on Friday, May 4, at the Woman's Club in Raleigh. For details call Charles Auman, 575-7942 or Nancy Hall, 723-1808.

• The N. C. Health Council has planned the 1984 Health Convocation for April 25 and 26 at the McKimmon Center in Raleigh.

• The Hastings Center will present a "Workshop on Teaching Ethics in Nursing" on June 4 and 5 at Wainwright House in Rye, New York. More information is available from Arthur Caplan, Box N, The Hastings Center, 360 Broadway, Hastings-on-Hudson, New York 10706.

• The Second National Symposium on the Impaired Nurse, "Caring for the Nurse Healer," will occur on May 16-19 at the Terrace Garden Inn in Atlanta, Georgia. For details call the Continuing Education Program at (404) 329-2961.

• "The Third Annual Update of the Diagnosis and Treatment of Lupus" will be sponsored by the Jacquelyn McClure Lupus Treatment Center on May 11 and 12 at the Waverly Hotel in Atlanta, Georgia. For details contact Jacquelyn McClure Treatment Center, Inc., 3200 Howell Mill Rd., N.W., West Paces Ferry Hospital, Atlanta, Georgia 30327.

• Central Carolina Black Nurses Council will sponsor a workshop entitled "Exploring Current Nursing Issues Toward the Year 2000" on April 28 at the Health Sciences Building on the N. C. Central University campus. For further information call Dorothy Cox at 471-9352.

• NCSU Division of Continuing Education will offer a seminar on May 15-16, "Accounting and Finance for Non-Finance Managers," at the McKimmon Center in Raleigh. The workshop will also be offered in Charlotte at the Holiday Inn North on May 22-23. For details call Rosemary Jones at 737-2261.

• Two major programs administered by ANA provide scholarship assistance to minority registered nurses who are pursuing doctoral degrees, the Registered Nurse Fellowship Program for Ethnic/Racial Minorities and the Clinical Fellowship Program for Ethnic/Racial Minorities. Programs are for, but are not limited to, Afro-Americans, Asian Americans, American Indians/Alaska natives and Hispanic Americans. Persons enrolling in or planning to pursue a full time accredited doctoral program are eligible to apply. Applications may be obtained by contacting the director at either of the following addresses: Director, Ethnic/Racial Minority Fellowship Programs, ANA, 2420 Pershing Road, Kansas City, Missouri 64108, or Director, Ethnic/Racial Minority Fellowship Programs, ANA, Suite 716, 1030 15th Street, N.W., Washington, D.C. 2005.

• The National Student Nurses' Association conducted a survey at its 1983 convention, and results showed that the majority of students of nursing who completed the survey were dependent on federal financial assistance to complete their nursing education. The detailed news release can be obtained from NSNA, 10 Columbus Circle, New York, New York 10019.

North Carolina Nurses Association
POSITION STATEMENT
on
Registered Nurses' Participation in Capital Punishment

Nursing is a profession dedicated to the preservation of life and the promotion of optimal health. The foundation of the nurse-patient relationship is the client's awareness of and the nurse's commitment to this ethical code. The North Carolina Nursing Practice Act describes nursing as "a dynamic discipline which includes...the supportive and restorative care given to maintain the optimum health level of individuals..."

Therefore, although belief in the morality and justness of capital punishment is an individual and personal choice, participation by registered nurses in execution by any method is clearly inappropriate and in violation of the profession's code of ethics. For these reasons, the North Carolina Nurses Association is opposed to the direct or indirect participation of registered nurses in executions by lethal injection or other means.

Approved by Board of Directors, February 1984.

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/Hour	Event
May 1-8	Nurses Week in North Carolina
May 3, 1:30 p.m.	Subcommittee on Reimbursement (conference subcommittee
May 6	National Nurses Day
May 7, 10:30 a.m.	Special Committee on Workshops, Room 5722 at Moses Cone Hospital in Greensboro
May 8	PRIMARY ELECTION — NURSES, USE YOUR POLL POWER AND VOTE!
May 8, 1:30 p.m.	Subcommittee on Reimbursement
May 9, 10 a.m.	Membership Committee
May 10, 10 a.m.	Executive Committee of NCNA
May 11, 9 a.m.	Commission on Health Affairs
May 11, 9 a.m.	Psych-MH Executive Committee
May 14, 10 a.m.	Executive Committee of Community Health Division
May 15, 1 p.m.	Headquarters Committee
May 15, 10 a.m.	Medical-Surgical Executive Committee
May 16, 10:30 a.m.	Committee on Resolutions
May 16-19	Board of Nursing meets at Marriott Hotel, Raleigh
May 18, 7:30 p.m.	Conference Group of Specialists in Psych-Mental Health Nursing, Greensboro
May 21, 10 a.m.	CERP Committee
May 22, 10 a.m.	Convention Program Committee at Moses Cone Hospital, Greensboro
May 23, 10 a.m.	MCH Executive Committee
May 24, 3 p.m.	Committee on Human Rights
May 24, 10 a.m.	Special Committee on Impaired Nurses
May 28	Memorial Day ... NCNA office CLOSED
May 29, 10 a.m.	Commission on Member Services
June 1, 10 a.m.	Executive Committee of NCNA
June 4, 10 a.m.	Council of District Presidents— District Leadership Day
June 5, 10 a.m.	ANA Delegate meeting
June 6, 10 a.m.	Gerontological Division
June 7, 12 Noon	General Assembly Reconvenes
June 8, 10 a.m.	Commission on Practice
June 9, 9:30 a.m.	Federation of Nursing Organizations
June 11, 9 a.m.	Midwifery Joint Committee and Joint Subcommittee of Boards of Nursing and Medical Examiners, Sheraton Highwoods in Raleigh
June 14, 10 a.m.	Commission on Member Services
June 15, 9 a.m.	Board of Directors
June 22-28	ANA Convention, New Orleans

Many nurses have received promotional materials concerning *Who's Who in American Nursing*, tentatively scheduled to be published by an organization that has no connection to ANA.

ANA has notified state nurses associations that ANA is neither sponsoring nor participating in this project. Further, the Judith W. Ryan, M.S., R.N., director of professional activities of the organization listed as sponsor of the project, is not the Judith A. Ryan, Ph.D., R.N., executive director of the American Nurses' Association.

ABOUT PEOPLE

Clara R. Walters, clinical associate professor at the UNC-CH School of Nursing, has been promoted to the rank of Lt. Col. in the United States Army Reserve. She is a member of the 3274th Unit from Durham and has been active in the Reserves since 1972 ... **Dr. Barbara Germino,** associate professor of nursing at UNC-CH, has been named to the Carol Ann Beerstecher—Blackwell Chair of Thanatology in the School of Nursing. Germino is the first faculty member to be appointed to the professorship. She earned her B.S.N. and M.S.N. degrees from Duke University and her Ph.D. from the University of Washington ... **Marjorie V. Goff,** M.S.H.E., R.N., has been appointed to the 1985 Conference Planning Committee of the ANA Council on Continuing Education ... **Bronda P. Burton** has successfully completed the ANA certification examination for gerontological nursing. She has also been selected for inclusion in the 19th edition of *Who's Who In The South and Southwest*... **Helen Miller** of Durham will present a paper on "Contemporary Minority Leaders in Nursing" at the 1984 ANA Council on Intercultural Nursing business meeting.

Protocol available on sexual assault victims

The Sexual Assault Task Force recently released a *Protocol for Assisting Sexual Assault Victims.* The protocol represents the efforts of experts from law enforcement agencies, mental health programs, medical facilities, district attorney's offices and rape crisis centers. It reflects a standard of care which should be easily implemented by state agencies and is necessary for adequate and professional treatment of victims of sexual assault. Models can be adapted to meet the needs of the local community.

Nursing perspective and expertise was represented by Sarah P. Brown, R.N., who served as co-chairman of the Medical Committee to draft the protocol. The recommendations are specifically directed toward law enforcement, medical and prosecutorial professionals. This Sexual Assault Task Force originated in the N. C. Council on the Status of Women, N. C. Department of Administration. Copies may be obtained by writing to the N. C. Council on the Status of Women, N. C. Department of Administration, 526 N. Wilmington Street, Raleigh, N.C. 27604 or by calling (919) 733-2455.

Multiply Membership

United Kingdom delegation visits NCNA, tours health care facilities

A delegation of nursing educators and administrators from the United Kingdom spent March 20 in Raleigh with representatives of NCNA and the N.C. Board of Nursing discussing licensure and the administration of nursing practice in rural areas.

The visit of the United Kingdom nurses was planned by the Citizen Ambassador Program of People to People International. The leader of the visiting group was Peggy Nuttall, O.B.E., F.R.C.N., vice-chairman of the Royal College of Nursing in London and editor of *International Nursing Review*.

It turned out that just about everything in North Carolina is "rural" to these United Kingdom friends. The group divided into teams to visit the Chatham Birthing Center in Siler City; Wake County Health Department Clinics in Raleigh and Wake Forest; and Carrollwoods and Hillhaven Convalescent Center in Chapel Hill.

Judy Seamon, NCNA president, Carol Osman, executive director of the Board of Nursing; Sarah Pike Brown, Board of Nursing member; Estelle Fulp, chief public health nurse, Division of Health Services; Linda Strother, Wake County Health Department nursing supervisor; and NCNA staff members Hazel Browning and Frances Miller escorted the tour groups and spent a morning session discussing the legal regulation of nursing in the state and the role of NCNA as the legislative voice of nursing.

District Thirteen hosted the visitors at a covered dish supper at headquarters. Our visitors were introduced to Southern culinary specialties prepared by 40 district members. The United Kingdom nurses will spend three weeks in the United States.

NCNA members found that they share many common concerns with United Kingdom nurses.

Derek Dean, chief nursing officer, Mid Staffordshire Health Authority, Stafford, England, peers at Southern delicacies as District Thirteen members help him identify his dinner!

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PATIENTS AND THEIR FAMILIES IN SICKNESS AND IN HEALTH

THE CRUCIAL ROLE OF THE NURSE

A Workshop by
Wayne M. Sotile, Ph.D. and Mary Owen Sotile, M.A.
Clinical Psychologist Clinical Counselor

Date: June 6, 1984
Location: Holiday Inn Four Seasons Complex Greensboro, NC
Description: This workshop combines an entertaining integration of lecture, case examples, and videotaped demonstrations of a wide variety of approaches that are effective in assessing and enhancing patient and family reactions to illness. Participants will be taught a useful set of tools for increasing patient compliance and for managing personal stress. These approaches are applicable to nurses working in both inpatient and outpatient settings. This workshop received outstanding nurse evaluations in three 1983 presentations.
Accreditation: 8.0 contact hours by the Eastern Regional Accrediting Committee of the ANA
6.0 CERP's by NCNA
Contact: The Sotile Group, Inc., P.O. Box 3173 Winston-Salem, NC 27102 Phone: (919) 761-8022 or 765-3032

ELECTION '84: Nurse PAC, N-CAP give candidate endorsements

Susan Green, center, candidate for Congress from the Ninth District, receives N-CAP's $3,000 campaign contribution from Sandi Giles, R.N., right, local Nurse PAC worker and contributor, and Joanne Lopata, N-CAP coordinator for the Charlotte area.

In this issue is a hot-off-the-press notice of Nurse PAC endorsements of candidates for the General Assembly. Every effort has been made to get this information to NCNA members prior to the May 8 primary election.

Meanwhile, N-CAP, the political action committee of ANA, has announced endorsement of Governor James B. Hunt, Jr., for the U.S. Senate and Susan Green for the U.S. Congress representing the Ninth District. The Ninth District seat has been held by Republican Jim Martin, a candidate for governor. N-CAP made a $3,000 contribution each to the Hunt and Green campaigns.

Nurses from the Ninth District who began working for Green last summer said key factors in her endorsement were her support of human services as a Mecklenburg County commissioner, her commitment to preventing nuclear war, and her belief in comparable worth in employment for men and women.

N-CAP also has endorsed Congressman James Broyhill, Republican, Tenth District, and made a $500 contribution to his campaign. Congressman Broyhill was instrumental in the compromise legislation related to authority of the Federal Trade Commission over anti-competitive activities of professions.

Garland represents NCNA at drug abuse conference

Hettie Garland, president-elect, represented NCNA as a member of a North Carolina task force attending a Southeastern Conference on Prescription Drug Abuse, held in Charleston, S.C., March 14-16.

NCNA named a representative to the task force at the invitation of Governor Hunt. North Carolina's participation in the conference was coordinated by the Alcohol and Drug Section of the Department of Human Resources. Purpose of the conference was to train participants to address the problem of prescription drug abuse and to examine alternatives for dealing with it in the respective states. Eight Southeastern states participated.

The 13-member North Carolina task force included Russell Eugene Tranbarger, representing the North Carolina Board of Nursing; representatives of other professions; and two legislators.

The task force has recommended to the Governor that he appoint a 15-member steering committee to address the problem of drug diversion.

BARBARA A. JOHNSON

Barbara A. Johnson of Raleigh died on March 19. She was chairman of NCNA's Psychiatric-Mental Health Nursing Practice Division at the time of her death.

A member of the nursing faculty at Wake Technical College, Barbara continued teaching until two weeks before her death. She had been fighting cancer since August of 1982.

During her final two weeks of hospitalization, nurse colleagues arranged to be by her side around the clock.

Orientation set for district leaders

District Leadership Orientation Day will be conducted by NCNA on Monday, June 4. The site has not been selected. We're expecting such a turnout that our NCNA headquarters auditorium won't hold us all!

June 4 is the next scheduled meeting of the Council of District Presidents, but the presidents have requested that the day include an experience for district leaders similar to the hit production on January 6 for NCNA commission and committee members.

If you hold a district office or committee appointment—or plan to fill a district leadership role in the future—District Leadership Day is for you! We will orient district leaders to their roles and responsibilities and send you home inspired to put your district on the map.

Gero Division convenes nurses to discuss care of elderly

The NCNA Gerontological Division is undertaking some very exciting acitivities! On April 24, Gerontological nurses from across the state were to convene at NCNA headquarters to discuss concerns, hopes and plans for the future to improve the health care of older citizens in our state.

We have had a very encouraging number of resposes from nurses who plan to attend. These nurses come from a variety of settings—long-term care facilities, educational programs, state regulatory agencies and public health. These nurses have been charged to come with their pent-up frustrations, their ideas on where we need to move, how to do it, and with whom we need to make alliances, and how best to begin. The time for action is NOW and the Gerontological Division is making plans to do just that!

When disaster strikes

Eaton/Pate account

(from page 1)

ton and Red Springs areas, report to Red Cross officials, and return to Cary.

Chaos met the nurses early Saturday morning as they entered an overflowing shelter and were greeted by a site coordinator of operations who "had to leave yesterday." He said replacement would come in 15 minutes. The replacement eventually arrived around midnight. The coordinator asked whether anyone had disaster training. Betty had had a week-long disaster training workshop and had been in Tennessee, Virginia, West Virginia and Kentucky during the 1977 floods, so she was appointed.

Until replacements came, Jeanne Bean, R.N., American Red Cross, Fr. Bragg, (and ICU supervisor, Womach Army Hospital) was acting nursing supervisor.

Improvising was the key word for nurses in "the field" at the Red Springs disaster site.

Victims wandered in with lacerations, contusions and abrasions that hadn't been cleaned or dressed in four days, exhibiting the type of dissociative confusion seen in returning war veterans: concentration disturbances, flight of thought, and depressive states were prevalent, while states of active and quiet hysteria were sporadic. Victims often required reorientation to be brought back to reality.

The emotional trauma appeared to far exceed the effects of physical pain. Broken bones would mend, but the flashbacks of being picked up and hurled through the air would last forever!

Posting assignment sheets and discouraging unauthorized entry, compiling shelter resident lists and volunteer lists and a communication book eased the burden of an overworked staff. Selected shelter residents were assigned to sweep floors, mop, and otherwise be involved in the chores of daily living to help dissipate their anger and frustration.

Between 1,750 and 2,000 meals a day were served at Red Springs to victims, National Guardsmen, Red Cross workers and assorted other volunteers.

Southeast General Hospital spokesman, J. L. Welch of Lumberton, reported treating and releasing 85 patients, admitting 20 and processing 2 dead-on-arrivals.

Specialized American Red Cross training made it possible for Betty Pate to organize and coordinate operations and volunteers to provide essential food, clothing and shelter for the disaster victims.

"People need to know that, like other specialized groups, nurses are always ready to go where they are needed to help their fellow man." Mrs. Pate continued: "These (Red Springs) people are courageous and very shy. They do not easily ask for help. In many instances, you have to seek them out to even offer assistance.

"Their independence and pride in their community is manifested by the way they worked together. In the face of tremendous loss, they have begun to rebuild their lives and property.

"Entering a disaster area requires great skill and compassion. Tending wounds and administering medication and controlling high blood pressures are only a small part of the care these victims need. They need to deal with their grief, their loss—and often it's more important just to be there so they can share and know you care.

"In the face of this kind of crisis," Betty said, "you learn what true courage really is as families and the community work together, often functioning at a higher level than ever before. Their abiding faith in a tender and loving God has provided them with the strength and courage to withstand their losses and grief.

"It has been my privilege to work and serve and to be a part of the lives of these wonderful people."

Tears and hugs were the order of the day as townsfolk, volunteers and Red Cross personnel said their goodbyes.

When disaster strikes

Cox account

(from page 1)

quietly nursed their abrasions. I lost track of time as we worked to triage and provide first aid. With only auxiliary power and flashlights the nurses moved about in the shadows quietly and effectively.

Eventually all of the injured were transported, the critical to Pitt County Memorial Hospital, the others to Beaufort County Hospital. As the lights came back on, I sipped a cup of coffee and surveyed the room. Exhausted firemen, their faces tired, their boots covered with mud, sat quietly numb in their reflection of the sights of the past hours. The Salvation Army silently offered soup and sandwiches to the homeless who sat or paced in disbelief.

Slowly the workers departed, some hoping to sleep before cleanup would begin at daybreak in three short hours. The homeless left to stay with friends or at the shelter in the high school.Four nurses, who arrived as strangers, left feeling a bond of satisfaction knowing that no matter how unpleasant, their job was done.

The night was over; the immediate tragedy had been dealt with. Yet as I headed home, I knew the work had just begun for so many. The hospital nurses were to work all night, the community and mental health nurses would spend weeks assisting victims to locate resources and to cope with their loss and grief as they seek to reintegrate their lives.

CAMPS
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NURSE

CAMPS SEA GULL/SEAFARER NURSES

Coastal summer camps have openings for nurses. Enjoyable and purposeful experience on the coast of North Carolina; good salary; comfortable accommodations; food and lodging furnished; modern, air-conditioned Infirmary; resident physicians. Camp season: June 10-August 10. Must be an RN or graduate nurse. Excellent opportunity for new graduates to enjoy a "change of pace" position before commitment to professional hospital duties. 37th season - Sea Gull; 24th season - Seafarer. Write for application and catalog to Don Cheek, Director, Camp Sea Gull for boys and Camp Seafarer for girls; P. O. Box 10976, Raleigh, North Carolina 27605.

You're just the type. Donate Blood.

American Red Cross

Talent Bank Update

The NCNA Workshop Planning Committee is updating the Talent Bank files in an effort to identify statewide resources for educational programs. The committee is especially interested in personal development, nursing management/administration of clinical topics. If you have knowledge you could share in the form of a seminar or workshop, please complete the form below and return to NCNA headquarters by June 1. You may wish to include a personal vitae also.

NAME _____ HOME PHONE _____

ADDRESS _____ WORK PHONE _____

SCHOOL OF NURSING ATTENDED _____

SPECIAL EDUCATION AND TRAINING _____

YEAR GRADUATED _____ PRIOR NURSING EXPERIENCE _____

_____

EMPLOYER _____ TITLE OR POSITION _____

RESPONSIBILITIES (UNLESS EXPLAINED IN TITLE) _____

NCNA INTERESTS (COMMITTEES, PROJECTS, PROGRAMS, ETC.) _____

_____

AWARDS AND RECOGNITIONS _____

SPECIAL ACCOMPLISHMENTS (I.E. WRITING A BOOK ON NURSING) _____

_____

SPECIAL INTERESTS OR ABILITIES _____

_____

BACKGROUND AND EXPERIENCE THAT MIGHT BE RELEVANT _____

_____

_____

ADDITIONAL COMMENTS _____

_____

_____

Thank you

Please Mail To North Carolina Nurses Association, P. O. Box 12025, Raleigh, NC 27605

More nurses named to boards of health

We have received additional names of registered nurses appointed to county or district boards of health.

Sue Morgan has been appointed to the Haywood County Board of Health; Jeannette Edwards to the Lenoir County Board of Health; Jo Williams to the Pitt County Board of Health; Jean Averett Short to the Granville-Vance Board of Health (she is the retired nursing director of the Granville-Vance District Health Department); Anne Peedin, assistant director of nursing at Johnston Memorial Hospital, to the Johnston County Board of Health.

Sylvia Hunt, acting dean of instruction at Roanoke-Chowan Technical College, has been appointed to the Hertford-Gates District Board of Health. Susan J. Vinson, acting director of the Nursing Education Options Program, has been named to the Northampton County Board of Health.

Claudia Barnes Deese has been appointed to the Guilford County Board of Health. She formerly was assistant professor of community health nursing at the UNC-G School of Nursing. Prior to that position she was a staff nurse and later nursing supervisor on the staff of the Guilford Health Department.

Emma Castelloe has been appointed to the Randolph County Board of Health.

The requirement of a registered nurse on each county/district board of health was added to the public health law recodification by the 1983 General Assembly. The amendment was sponsored by NCNA.

RN — CHALLENGING CORPORATE POSITION

Opportunity to assist approximately 100 hospital clients in the development of nursing care standards, quality assurance, in-service education, and patient care processes in emergency departments. BSN required, Masters preferred; must be professionally mature, skillful in inter-professional collaboration, and willing to travel. Please send vitae to: A. Jacobson, Coastal Emergency Services, P.O. Box 15697, Durham, NC 27704

ANNOUNCEMENT OF VACANCY

NURSING FACULTY POSITIONS

Beginning August, 1984

DEPARTMENT: Nursing

POSITION AVAILABLE: Medical-Surgical Nursing (I position)
Maternal Child Health (I position)

POSITION TITLE: Assistant Professor

QUALIFICATIONS: Candidates must be competent to teach theory and clinical courses, develop and maintain clinical experiences for students at the baccalaureate level. At least two years of teaching in professional nursing education and North Carolina licensure are also required.

INSTRUCTIONAL DUTIES: Teach twelve semester hours per academic year in the baccalaureate nursing program. Teaching involves the team approach in a competency based education curriculum. Adaptability, personal maturity and genuine interest are important assets. Committee and other faculty responsibilities are included in this assignment.

CLOSING DATE: Applications are expected prior to May 15, 1984.

SALARY: Commensurate with experience and qualifications.

APPLICATIONS: Prospective candidates and nominees should send letters of application, professional credentials, transcripts, and three letters of recommendation to establish competitive contention for consideration to:

Dr. Johnea D. Kelley, Chairperson
Department of Nursing
P.O. Box 19798
North Carolina Central University
Durham, North Carolina 27707

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Vol. 46, No. 2 **March-April 1984**

Official Publication of the North Carolina Nurses Association, 103 Enterprise St., Raleigh, N C. Tel. (919) 821-4250. Published 6 times a year. Subscription price $12 per year, included with membership dues Indexed in *Cumulative Index to Nursing and Allied Health Literature* and available in MICROFORM, University Microfilms International

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Vol. 46, No. 2 3 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION May-June 1984

NCNA Legal Counsel to review health law at five workshops

Wade Smith, Gary Bowers and Kim Wetherill, attorneys with the firm of Tharrington, Smith and Hargrove, NCNA's legal counsel, will conduct five workshops across the state on health care legislation and health related case law. The workshops are entitled "Annual Checkup on Laws Affecting North Carolina nurses."

Designed for nurses and other health care professionals, the six-hour workshops will cover recent developments in the courts and the legislature concerning health law. The fees of $50 (members) and $75 (non-members) includes coffee breaks and workshop materials.

Topics to be covered include recent changes in the "Right to a Natural Death" laws, the nurse's role in capital punishment, nurse's notes and their legal implications, and nurse negligence. A portion of the program will be devoted to discussion of accepting and/or rejecting assignments.

The present economic climate is resulting in cutback in staff and, as a result, the nurses who are working are asked to take on more and more patients. What are the legal implications of accepting more responsibility than you can safely handle? Can you reject assignments? In addition, these attorneys will address specific questions from the audience. Legal questions are solicited on the registration flyer. What do you want answered?

(*continued on page 14*)

Surprise degree awarded to hospitalized Miller

By Hazel Browning

Faculty at East Carolina University School of Nursing planned a surprise for NCNA Executive Director Frances Miller. Frankie didn't plan to surprise ECU—but she sure did—and many other people as well!

This story begins several months ago when the faculty at ECU School of Nursing decided to do something to acknowledge the many outstanding contributions Fran-

(*continued on page 4*)

Frankie Miller is recuperating at home now. She is shown here with her "traveling companion," a walker! Hazel Browning's daughter, Lauren, is cheering Frankie up.

Delegates at work at ANA convention

By the time you read this issue of the *Tar Heel Nurse* the ANA delegates you elected in October of 1983 will be hard at work representing you at the ANA convention in New Orleans. The ANA convention takes place on June 22-28, and the NCNA delegation has spent many hours studying the issues, communicating with North Carolina nurses and other state nurses associations and, in general, preparing themselves to take a leadership role in the issues facing this year's ANA House of Delegates.

The NCNA delegation met on April 18 and again on June 5. Much of the discussion centered around a position paper about key issues. Frances Miller spearheaded the development of this paper and shared it with the SEED (Southeastern Executive Directors) group at the Constituent Forum meeting in March. It was well received, and several other state nurses associations endorsed the paper. This position paper addresses key issues subject to discussion and decisions in the 1984 ANA House of Delgates, specifically dues assessment and ANA/SNA services and responsibilities. The paper was distributed prior to the ANA convention to state nurses association presidents and executive directors and to all ANA delegates.

The work is cut out for ANA delegates from North Carolina. You can trust that they are in New Orleans working very hard to represent you! A full review of the ANA convention activities and House of Delegates actions will be reported in the July-August *Tar Heel Nurse*.

Message from the President

Judith B. Seamon

Robert Schuller's inspired phrase, "Tough times never last; tough people do," has certainly become our motto during the past several weeks! As many of you know, our executive director, Frankie Miller, fell and fractured her hip on April 27, on her way into the Board of Directors meeting in Greensboro, and will be out of the office for an extended time during her convalescence. In that instant, our professional staff was reduced by 50%! Given the fact that both Frankie and Hazel Browning, associate executive director, were each doing the work of two people, you can quickly imagine the impact of this event upon Hazel and the office staff. The work of the association could have been severely hampered; but that has not been the case. Hazel and the office staff have done a tremendous job of quickly adapting to a serious situation. In addition, the leadership of NCNA, including the Board of Directors and chairmen of structural units, have all responded in a most helpful and gratifying manner in order to maintain our momentum and offer support to the staff. I wish to express my deep appreciation to all concerned and know that Frankie is equally appreciative.

This entire event has clearly illuminated the fact that the demands on our regular staff are staggering—even in the absence of such a crisis. They all work valiantly—far beyond what should be expected—in order to meet these demands because they are committed to the goals and priorities of NCNA. In addition, those members who have accepted leadership positions also give generously of their time, energy, and finances because they too, are committed to these same goals and priorities.

We must, however, work to make the demands on everyone more realistic in order to derive the maximum benefit from our efforts. This problem can be easily addressed by increasing our human and financial resources—namely increasing our membership!

I challenge each of you, along with myself, to persuade one nurse each month to join you in an experience of professional growth and responsibility by becoming a member of NCNA. Remember, membership costs the price of one cup of coffee per day and the benefits are enormous.

This particular "tough time" will not last and we all will be "tougher people" as a result of it. However, let's make it **really** count, not only for NCNA, but also for what we will be able to continue to do in the future—for health care and the nursing profession.

ABOUT PEOPLE

Suzanne Lassiter of Richmond, Va., a senior in the nursing school at UNC-CH has a proposal being studied by members of the U.S. House of Representatives as part of their information in considering a bill to promote preventive health care for older Americans. After working with elderly men and women at a senior center and seeing their interest in exercise, Suzanne designed a program that uses students to lead elderly in stretching and movement classes, nutrition and body awareness ... **Gail W. Hardy**, a professional with discharge planning and continuity of care background, has founded the N.C. Association for Continuity of Care. Contact Gail at P.O. Box 5062, New Bern, N.C. 28560 ... **Barbara Rynerson**, associate professor of the UNC-CH School of Nursing, has been awarded the Ed.D. degree by North Caro- a service recognition award by the Orange County Mental Health Association... **JoAnn Dalton,** associate professor of the UNC-CH School of Nursing, has been awarded the Ed.D. degree ;by North Carolina State University in the Department of Adult and Community College Education ... **Helen Miller** will be a presenter at the Council on Intercultural Nursing, ANA Convention. She will be speaking on "Contemporary Minority Leaders in Nursing: A Perspective." **Marietta Raines,** M.A., R.N.; **Ernestine B. Small,** M.S.N., R.N.; **Marian Davis Whiteside,** M.P.H., R.N.; **Helen S. Miller,** M.S.N., R.N., C.N.M.; and **Johnea D. Kelley,** D.P.H., R.N., all member sof NCNA, will be honored by the ANA Cabinet on Human Rights at a luncheon on June 23, 1984, at the Sheraton New Orleans Hotel. These individuals are recognized in the book *Contemporary Minority Leaders in Nursing Afro-American, Hispanic, Native American Perspectives*... **Olga C. Hoskins** was honored, as she retires, for her service to nursing by District Twenty-Eight at a reception at the Lenoir Woman's Club on May 27.

Nurse PAC announces more endorsements

Nurse-PAC, NCNA's political action committee, announced additional endorsements prior to the June 5 primary election. The endorsements included six candidates for N.C. House seats and one N.C. Senate candidate.

Endorsed for House seats were: Gus Economos, 54th District; Louise Brennan, 55th District; J. Ray Sparrow, 62nd District; Peggy Stamey, 63rd District; Betty H. Wiser, 64th District; Paul Pulley, 68th District. All are incumbents except Wiser.

Endorsed for the Senate was W. Craig Lawing, 34th District, incumbent.

Prior to the May 8 primary, Nurse-PAC endorsed 31 House candidates and 9 Senate candidates.

N.C. nurses contribute to new ANA publication

The ANA Division on Maternal and Child Health Nursing Practice recently released a publication entitled *Nursing Care Models for Adolescent Families*. This booklet is a compilation of some materials received following a call for papers issued by the division in the fall of 1982. The division shares these nursing practice ideas in the belief that they might stimulate innovative new approaches.

Several North Carolina nurses were part of this effort. Janice Robinson of Greensboro served as vice-chairman of the ANA Division of MCH Nursing Practice, which coordinated the publication. Editors of the papers were Janice and Barbara Sachs of Michigan.

North Carolina nurse contributors include Mary Lou Moore of Winston-Salem, "Adolescent Couples and Childbirth Education," and Charlene Miller of Winston-Salem, "Helping the Pregnant Adolescent Remain in School: The Continuing Education Program."

Copies of the publication are available from ANA. Request publication #MCH-14 2M 3/84.

GERIATRIC NURSE PRACTITIONER, or ADULT NURSE PRACTITIONER with experience in gerontological nursing, for retirement center in Chapel Hill. 30 hours per week schedule. Contact Martha Henderson at 919-968-4511 ext. 217.

Commission concerned about 'easy' routes to baccalaureate degrees

This Statement was Developed and Approved by NCNA Commission on Education

All of us should look for the most expedient ways to achieve our goals. When the goal is to obtain a bachelor's degree, the RN should look very carefully. Several thousand registered nurses in our state are graduates of associate degree and diploma nursing programs. Hundreds of these nurses are interested in additional nursing programs.

As the nurse sets goals and charts a course to accomplish the goals, he/she must be exceedingly careful that the course will indeed enable him/her to accomplish the desired goal. Specifically we are concerned about the goal of earning a baccalaureate degree.

We believe that nursing is a developing profession that has its own unique body of knowledge. We further believe that in order for nurses and nursing to contribute their full potential to society in the twentieth century, more and more nurses need to further their education. Where and in what program one furthers his education makes a lot of difference.

Our specific concern centers on programs which actively recruit RNs but *do not* grant a nursing degree at the completion of the program. Schools are very energetically recruiting students today and use sophisticated advertising to get their messages across. Our society today is exceedingly education conscious. It sometimes seems that the "more the better" regardless of what the content is or what subject matter the student studies. With over a million associate degree and diploma graduate RNs among us, what a lucrative recruiting field! These RNs have already proven their interest, motivation, and ability.

In 1971 the National League for Nursing published a Statement of Concern about programs that recruit and enroll nursing students but do not have a major in nursing. Today, as then, some of the same concerns exist. Claims about such programs often lead students to believe degrees in other disciplines are as good as BS in Nursing degrees. This is not the case if the individual plans to stay in nursing. Many RN students often believe a bachelor's degree in any subject will qualify them for entry into a nursing graduate program. This is simply not true in most programs. In the practice area, employers usually prefer that nurses further their nursing education instead of studying a subject which will make minimal difference to the practice of nursing.

External degree programs and other innovative programs that allow "credit for previously acquired knowledge" may be exactly what you are looking for. Some of these programs are excellent. Some are even NLN accredited such as the N.Y. State Regents External Degree programs that offer both the associate and baccalaureate degrees in nursing.

Our concern: Be sure the work, which you will do so much of, will result in your being awarded the degree of your choice. If you plan to stay in nursing, make sure you prepare for advanced practice in nursing and earn a professional nursing degree. A degree in a related field is not the same as a degree in nursing. Neither is it the gold at the end of the rainbow for most nurses.

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/Hour	Event
July 4	Holiday, NCNA office closed
July 6, 10 a.m.	Executive Committee
July 9, 10:30 a.m.	Special Committee on Workshop Planning
July 9, 2 p.m.	Subcommittee on Reimbursement
July 10, 10 a.m.	Committee on Legislation
July 11, 10 a.m.	Psych-Mental Health Division Executive Committee
July 12, 10 a.m.	Special Committee on Impaired Nurse
July 13, 10 a.m.	Public Relations Committee
July 16, 10 a.m.	CERP Committee
July 16, 10 a.m.	Membership Committee
July 20, 9 a.m.	Board of Directors
July 23, 10:30 a.m.	Commission on Health Affairs
July 23, 8:30 - 4 p.m.	Legal Workshop, Mountain AHEC, Asheville
July 24, 10 a.m.	Commission on Member Services
July 24, 8:30 - 4 p.m.	Legal Workshop, Babcock Auditorium, Bowman Gray School of Medicine, Winston-Salem
July 25, 8:30 - 4 p.m.	Legal Workshop, Charlotte AHEC, Charlotte
July 26, 8:30 - 4 p.m.	Legal Workshop, Southeastern Regional Rehabilitation Center, Fayetteville
July 30, 10:30 a.m.	Resolutions Committee
August 1	MCH March of Dimes Nurse of the Year Nominations due
August 3, 9 a.m.	Executive Committee
August 3, 1 p.m.	Board of Directors
August 3, 8:30 - 4 p.m.	Legal Workshop, Wake AHEC, Raleigh
August 6, 10 a.m.	Maternal-Child Health Division Executive Committee
August 6, 1 p.m.	Associate Degree Nursing Council
August 10, 9 a.m.	Joint Subcommittee, Marriott, Raleigh
August 13, 10 a.m.	Special Committee on Impaired Nurse
August 15	Medical-Surgical Nurse of the Year Nominations due
August 16, 10 a.m.	Community Health Division Executive Committee
August 17, 9 a.m.	Board of Directors
August 20, 10 a.m.	CERP Committee
August 23, 10 a.m.	Nurse PAC Committee
August 24, 10 a.m.	Commission on Education
August 30, 9 a.m.	Medical-Surgical Division Executive Committee

Think Membership

1984 NCNA Convention promises exciting programs

by Hazel Browning

The NCNA Convention Program Committee has been working diligently to plan some very exciting programs for nurses who plan to attend the 1984 NCNA convention. The convention will be held at the Grove Park Inn in Asheville, October 24-27. The mountains of Western North Carolina always promise an exquisite array of scenery at that time of year ... but that will just be the beginning.

The convention theme is "Brave Nurses in a New World." George Orwell's book, *1984*, gave many of us cause for concern over the past few decades. We will take time in Asheville to examine what the year 1984 actually brought to pass and will focus attention on nurses and health care in the "New World." Carol Lindeman, R.N., Ph.D., FAAN, dean of the School of Nursing at Oregon Health Sciences University, will deliver the keynote address on October 24.

Major plenary sessions will follow on Thursday and Friday focusing on the "New World of Technology," the "New World of Economics" and the "New World of Politics." Speakers for these sessions are Mary Mallison, editor of the AJN (Technology), Rebecca Culpepper of Vanderbilt University and Rosemary Bowman, chief executive officer of Health Care Partners, Inc., (Economics) and Willis Goldbeck, president of the Washington Business Group on Health (Politics).

These are not the only "new worlds" that nurses will be exposed to at the NCNA convention. On Thursday afternoon we will have an opportunity to sample the "New World of Leisure Living!" With the fast pace and many pressures of today's world, the Convention Program Committee felt that nurses should try to learn how to appreciate a little leisure time. And what better location to relax in than the beautiful mountains of Western North Carolina? There will be a variety of fun things to do on Thursday afternoon . .. or, you may wish to just lay by the indoor pool at the Grove Park Inn!

The House of Delegates will again address critical issues and will meet on Wednesday afternoon, October 24, and again on Saturday, October 27. Our trade show will be open on Friday, October 27, and will feature some excellent exhibits.

Mark your calendars now for October 24-27 and plan to be with us in Asheville. Don't forget about the Membership Committee's "real deal" ... recruit five new members and you can register for the NCNA convention FREE!(See page 4 March-April *Tar Heel Nurse* for details.)

American Journal of Nursing Company and North Carolina Nurses Association 1984 Award for Excellence in Writing

Purpose

This award is intended to encourage members of the North Carolina Nurses Association to write for publication.

The Award

An award of $100 and a certificate suitable for framing will be presented to the winning author.

The Rules

All members of the North Carolina Nurses Association who hold membership during 1984 are eligible, except for employees of the American Journal of Nursing Company and the North Carolina Nurses Association headquarters staff.

The writing submitted must be in prose, prepared for publication but unpublished, not to exceed 3,000 words on nursing; written for nurses, members of other healthcare disciplines or for the general public. *Particularly, participants are encouraged to write articles or reports on nursing projects, innovations in nursing practice, and data collected to improve nursing care.* Entries are to be typed, double spaced on one side of 8½ x 11 white paper. Upon receipt of the entry at state headquarters office, it becomes the property of the North Carolina Nurses Association until it is returned to the writer.

The Judges

Manuscripts shall be judged and the winning entry selected by a committee of members of the North Carolina Nurses Association to be appointed by the president, one of whom shall be the editor of the North Carolina Nurses Association's official publication.

Deadline

No special entry forms or application blanks are necessary. Entries should be sent to: NCNA, P. O. Box 12025, Raleigh, NC 27605, postmarked not later than August 1, 1984.

Honorary degree awarded

(from page 1)

kie Miller has made to North Carolina nurses and NCNA. A committee, chaired by Carolyn Billings, worked through all of the appropriate channels in the university system to get approval to grant an Honorary Nurse Degree to Frankie. The honorary degree was to be presented at the annual pinning ceremony at the close of the academic year on May 4 in Greenville.

NCNA staff caught wind of the plans and happily agreed to help "surprise" Frankie. It was our responsibility to get Frankie to Greenville on **the** night. Putting our devious little minds together, we came up with a plan in no time and had everything set well in advance of May 4 . .. with Frankie still in the "dark" about the whole thing.

All was well until April 27. The NCNA Board of Directors was to meet at 9 a.m. This meeting was one of our out-of-town meetings and was held away from the headquarters building. On the way in to the meeting Frankie fell and broke her hip. The rest of that day was a little crazy ... ! The board meeting went on ... with frequent phone calls coming in from a "rattled" associate executive director to give reports on Frankie's condition. Frankie's day was filled with emergency room scenery, x-rays, an ambulance transport back to Raleigh and, finally, surgery on the fractured hip that evening.

Needless to say, the honorary nurse couldn't go to receive her honor—she was in the hospital! Frankie's daughter, Debbie Parham, did attend the ECU Pinning Ceremony and accepted her mother's honor. She telephoned Frankie in the hospital late in the evening on May 4 to tell her what had occurred at ECU. Well, at least we were able to keep the "surprise" part!

Frankie was discharged from Rex Hospital on May 8, is at home now and is doing well. Frankie, NCNA members and staff wish you a speedy recovery and congratulations on the Honorary Nurse Degree which you so richly deserve!

ACTIONS OF THE BOARD

The Board of Directors at a meeting on April 27, 1984, took the following actions:

- Directed that a mailing be made to NCNA members from NCNA delegates to the ANA convention requesting help and giving information to members who are planning to attend the convention.
- Amended the 1984 budget in order to support filling a third professional staff position.
- Amended and approved the resolution, "Preserving the Statutorily Defined Boards of Health," in support of GS 130A-35, and directed that copies be sent to the Wake County Commissioners, members of the General Assembly, and various state health related organizations.
- Recommended that the Bylaws Committee present to the NCNA House of Delegates bylaw revisions to change the status of the Human Rights Committee from a Special Committee to a Standing Committee.
- Directed that the Board of Directors send a letter to the Medical Review of North Carolina, Inc., expressing interest in developing a working relationship with them and requesting more information about the role of the consultant in order to assist the board in identifying persons to serve in such a capacity, contingent on Medical Review of North Carolina, Inc., being selected as a PRO.
- Approved the endorsement of Ruth Bryce's nomination to the ANA Cabinet on Nursing Services.
- Approved a form developed by the Membership Committee to facilitate nominations for the Individual Membership Recognition Award.
- Directed the CERP Committee to poll specialty nursing organizations as to their requirements for recertification.
- Approved a recommendation submitted by the Executive Committee that the board charge the Committee on the Impaired Nurse to submit to the board a position statement and a full report to include a theoretical framework and a progress report before any actions are taken by the committee.
- Approved a policy on renumeration to presenters at Convention.

The Executive Committee reported to the Board it had taken the following actions:

- Voted to withhold response to the Community Nursing Center legislation in Congress until additional information is received concerning a new version of the bill.
- Referred to the Board of Directors for review the Board of Nursing's proposed rule changes to be put to hearing on May 16, 1984.
- Approved a request to permit Tom Gilmore campaign material to be mailed to NCNA members.
- Recommended that the Board of Directors issue a charge to the Special Committee on the Impaired Nurse.
- Authorized purchase of a camera.
- Notified the executive director that the third professional staff position may be filled.
- Reviewed the complaint in Elizabeth Trought's suit against Pitt Memorial Hospital alleging wrongful discharge and recommended that the Board of Directors request progress reports so that NCNA can serve as an appropriate communication channel to nurses and continue to raise the consciousness of nurses about the issues involved.

Opinion revised on RNs pronouncing death

In May 1983, the N.C. Board of Nursing adopted the opinion that, on the basis of present statutes, there was no legal basis for RNs to pronounce death. At the request of nurses from Hospice, NCNA, long-term care facilities, etc., the Board re-evaluated the opinion and asked for a current Attorney General's opinion on the question of "pronouncement of death" by a nurse.

Based on the response from the office of the Attorney General, the N.C. Board of Nursing, on May 19, 1984, adopted the following:

> "A nurse may pronounce an individual dead in accordance with the opinion of the Attorney General dated February 28, 1984. The dividing line is whether there is a question of whether an individual is alive or dead. If there is a question, a physician must be consulted. Nursing personnel should record their observations and information as to the condition of a patient. Those entries on patient records may indicate that the patient has expired, or the total absence of vital signs."

An institution/agency may adopt its own protocol governing pronouncement of death by a nurse. The protocol should adhere to the Attorney General's opinion.

Study to identify GNP cost, quality

An exciting and much needed study is underway. The Rand Corporation of California and the Mountain States Health Corporation of Idaho are conducting a three year study on the cost and quality effectiveness of gerontological nurse practitioners (GNP) use by the nursing home industry.

Objectives for this study are two-fold: (1) to analyze the quality-of-care and cost implications that GNPs have for both nursing homes and third-party payors and (2) to identify the direct and indirect effects on quality of care and cost relative to the policy and program issues most important to those who finance long-term care services.

This study began in 1984 and is expected to conclude in early 1987. Perhaps we will finally have some definitive statistics about the way nurses such as GNPs provide quality health care at reasonable costs.

Juanita L. Long, R.N., Ed.D.

A Qualified Candidate for

Nurse Educator on the North Carolina Board of Nursing

Experience: Staff nurse in public, private and veteran's administration hospitals; private duty nursing; public health nursing; teaching at the Duke University School of Nursing (DUSN) for 14 years. Presently Acting Associate Dean at DUSN.

Education: Diploma, Watts Hospital (1949); BSN, UNC-Chapel Hill (1968); MS in Public Health Nursing, UNC-Chapel Hill (1970); Doctorate in Adult Education, NCSU (1979).

Belief: Each nurse in North Carolina has the potential privilege of contributing to nursing through service on the Board of Nursing. With this privilege comes the responsibility to listen to nurses and facilitate making their ideals and interests known to the Board. As a lifelong citizen of North Carolina, who believes in the uniqueness of every individual and in nursing as a strong force in society, Dr. Long has the time, broad spectrum of experience, and intense desire to be involved in the future of nursing if elected to the Board. Your vote will be essential to make this desire a reality.

—Advertisement—

Nurses' Week celebrated in variety of settings, styles

North Carolina Nurses' Week 1984 has come and gone. How did we commemorate this special time for recognition? The Public Relations Committee wishes to thank those agencies and individuals who provided the following information on their Nurses' Week activities.

- The Lota Chapter of Chi Eta Phi Nursing Sorority, Inc. (Charlotte), sponsored a Nurses' Day luncheon saluting all nurses. Ernestine Small was the speaker and her topic was "The Image of Nurses: A Nurse's Perspective" (see photo this page).
- Rex Hospital, Raleigh, treated each member of its nursing staff to homemade goodies and a pen with the inscription "Nursing at Rex."
- Cleveland Memorial Hospital, Shelby, hosted a special lunch and dinner for its nurses, an afternoon reception featuring entertainment, hospital tours for nurses' families, a museum of nursing articles and a cap tree recognizing the many schools of nursing represented at the hospital. In addition, each nurse was presented a flower.
- Nurses at the Catawba County Public Health Department were honored with breakfast and individual flowers.
- Western Carolina Center, Morganton, held a salad luncheon and presented special Nurses' Week buttons to its nursing staff. The nurses also enjoyed a trip to the AHEC Library in Hickory and a reception hosted by District 2, NCNA. Morganton's *The News Herald* featured an article and photo highlighting local events honoring nurses.

Ernesting Small presents address at Chi Eta Phi Nurses Day Luncheon.

- Nurses at Moore Memorial Hospital, Pinehurst, received carnations at a reception given in their honor. Lucky door prize winners received dinner for two at a local restaurant.
- Area L AHEC celebrated by sponsoring its first annual symposium, entitled "The Image of Nursing." Featured speakers were Dr. Dorothy del Bueno, Dr. Gloria Hope and Tom McNamara of PM Magazine. Topics included nursing in the public's eye, the direction of nursing in health care and subsequent political ramifications, and techniques to market nursing and the individual.
- Hillhaven Orange Nursing Center, Durham, hosted a cookout ad presented its nurses with certificates of appreciation, corsages made by the residents and small token gifts.
- Watts School of Nursing, Durham, honored their students with a drop-in reception and a drawing for a complimentary pair of shoes (courtesy of Read's Uniforms). Senior students also participated in a drawing for a complimentary copy of the *AJN* review book.
- The Presbyterian Home at Charlotte, Inc., hosted a reception honoring their RNs and LPNs.
- Blue Ridge Hospital System (which includes Spruce Pine Community Hospital, Spruce Pine, and Burnsville Hospital, Burnsville) published ads and articles recounting the week's activities in each local newspaper, supplied public service announcements to each local radio station, mailed each nurse on staff a free meal ticket and an individual letter of appreciation from the Administrator, utilized staff and members of the Board of Trustees to read salutes to the nursing staff over the paging system and presented them with red roses and complimentary mugs.

Add My Name To The PMH Mailing List

The Psychiatric-Mental Health (PMH) Division would like to develop a mailing list of those members who are interested in receiving workshop flyers and other special mailings that relate specifically to PMH issues. In addition, the division Executive Committee requests your input about needed continuing education programs. IF you would like to be on the PMH mailing list and/or have ideas for continuing education programs, please complete the form below and *return to NCNA*, P.O. Box 12025, Raleigh, NC 27605.

Name _____

Address _____

_____

Phone (Work) _____ (Home) _____

I would like to suggest the following topic(s) and/or speakers for PMH continuing education programs.

Topics	Speakers

N-CAP announces more endorsements

The N-CAP Board has made its second round of endorsements and contributions and there are several North Carolina politicians on the list. N-CAP is the political action committee of the American Nurses' Association.

An additional $2,000 contribution has been made to Governor Jim Hunt's campaign for the U.S. Senate. A $3,000 contribution was made in April. Susan Green, candidate for the U.S. Congress representing the Ninth District, also received an additional $2,000 contribution. Ms. Green lost a run-off election on June 5.

Other contributions included in these decisions were $1,000 to Congressman Robin Britt, Sixth Congressional District, and $1,500 to Congressman James Clarke in the Eleventh Congressional District.

N-CAP also endorsed Congressman Walter Jones, First Congressional District Congressman Charles Rose in the Seventh Congressional District, and Congressman William G. Hefner, Eighth Congressional District.

Pat Ford Roegner of the ANA Washington office has tentative plans to visit North Carolina. Pat will focus on organizing the nurse vote for Governor Jim Hunt's Senate race. Any nurse interested in working on behalf of Governor Hunt for the fall election is invited to attend. Please call NCNA and indicate your interest. We will contact you when plans for the meeting are finalized.

N-CAP, the political action committee of ANA, endorsed Congressman James Broyhill, Republican, Tenth District, and made a $500 contribution to his campaign. Above, NCNA District Twenty-Eight members confer with Congressman Broyhill about nursing issues before Congress: (L to R) Grace Mitchell, treasurer; Olga Hoskins, board member; Congressman Broyhill; Dianah Benfield, president; and Judy Farmer, secretary.

Governor James B. Hunt, Jr., receives a $2,000 contribution to his Senatorial campaign, the second contribution from N-CAP, ANA's political action committee. N-CAP already had given $3,000 to the Hunt campaign. Presenting the check on behalf of N-CAP are Judy Seamon, center, NCNA president, and Hazel Browning, associate executive director.

EXECUTIVE DIRECTOR

North Carolina Board of Nursing is seeking applications of qualified candidates for the position of Executive Director.

Interested Applicants must have:

- Top management orientation, vision, communication skills and decision making abilities
- Results-oriented in outlook and approach
- Skilled in people relationships
- Knowledgeable of legislative process/legal and voluntary standards nursing practice

Qualifications:

- RN eligible for license in North Carolina
- Masters in nursing or related field (Degree in nursing preferred)—earned doctorate desirable
- Actively engaged in nursing or health related field for a minimum of five years prior to appointment in practice/education or administration
- Salary based upon experience and qualifications

Deadline for applications: August 31, 1984

All interested individuals contact:
R. Leigh Andrews,
Chairman, Search Committee
P.O. Box 1206 Manteo, NC 27954

Maternal-Child Health Nursing Faculty: NLN accredited baccalaureate degree program. Master's degree required. Nine-month appointment with 12-month salary. Position available in August 1984. Contact Dr. Sue Hunter, Department of Nursing, Atlantic Christian College, Wilson, NC 27893; Telephone 919-237-3161. An Equal Opportunity Employer.

DIRECTOR OF NURSING SERVICES II

Requires planning, developing, implementing, evaluating and modifying a nursing program of a student health service with a nursing service staff of 40. Potential adjunct faculty appointment with the School of Nursing. Graduation from a State accredited school of professional nursing and five years of experience to include three years of supervisory and administrative experience; or an equivalent combination of education and experience. Master's degree is highly desirable. Eligible for licensure as a Registered Nurse in North Carolina. Salary commensurate with experience. Apply with the University of North Carolina Personnel Department, Employment Division, 111 Pettigrew Hall, Chapel Hill, North Carolina 27514. Application deadline date is July 15, 1984. EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

One thing nurses seem to agree on is what nursing is all about. Any nurse will tell you what we stand for: concern for the *whole* person, throughout the life span, from health to illness; therapeutic use of self in the nurse-patient relationship; recognition of the importance of the family unit to recovery or well-being; the impact of the physical and social environment on health; the healing power of personalized, compassionate caring. That's it: Nursing's credo. You'll find it in the conceptual framework of every nursing program, regardless of the level of education it provides. You'll hear it from the lips of any nurse who's taken the trouble to formulate her beliefs into words. Peplau referred to nursing as "a significant, therapeutic, interpersonal process." Leininger noted that caring "is the essence and central focus of nursing." Dolores Kreuger calls it an "act of transpersonal love." "Nurse," my dictionary tells me: "A person who takes care of ... that feeds, protects, or gives any sort of aid or comfort ... to cure or try to cure by care ... to nourish, protect make grow." It seems that there is universal understanding about what nursing means.

I see nurses almost every day, in all areas of practice—hospital nurses, public health nurses, school nurses, private nurses, office nurses, nurses in industry, education, management, infirmaries, clinics, and private practice. A lot of them are frustrated. Oh, some of them are satisfied. They've found their niche, a spot in the profession where they can do their thing. But a lot of them are hankering. They speak of lost opportunities for personal contact with patients and clients. They complain about "non-nursing functions" that remove them from direct care. They long for an opportunity to fulfill themselves in their nursing role. Hospital staff nurses complain louder and longer than most, and it's no secret that this work setting is a hot-spot for nurse-dissatisfaction. Call it reality shock, call it burn-**out**, drop-**out** or turn-**over**, employment mobility statistics speak for themselves when it comes to job-satisfaction in in-patient settings. Conversely, our patients are also frustrated. In the words of Marilyn Ferguson, author of *The Aquarian Conspiracy,* "There is a great social movement afoot. Health care has already begun to experience wrenching change. We are seeing what happens when consumers begin to withdraw legitimacy from an authoritarian institution. Consumers are demanding reform, voicing dissatisfaction."

Interesting, isn't it? There are nurses who long to give close, personalized, comforting care and patients who long to receive it. In health circles there is increased talk about the healing power in interpersonal modalities, in therapeutic touch; in nursing circles there is increased talk about the need for methods of patient care that bring the nurse back to the bedside and for patient care ratios that offer opportunity for more direct exchange between nurse and patient. What a formidable alliance that would make: millions of health care consumers wanting something they're not getting and one and three-quarter nurses equipped and eager to provide it!

The strategy of building a nurse/consumer coalition is obvious. For our part, let's begin with small steps. Let's hand out "samples" of "real" (new, improved?) nursing care. Let's "show and tell" about the satisfying potential in a health care system that values and properly utilizes nursing talent and know-how for better patient care. Each of us can play a part in letting people out there discover who we really are and what it is we value. And as for your—have you hugged a health care consumer today?

AJN-HSN jointly beam C.E. programs

The AJN Company and Hospital Satellite Network (HSN) have joined to develop nursing programs approved for continuing education credit. These programs will be beamed nationwide by satellite to HSN's subscribing hospitals. HSN offers 24 hours of professional and patient programming to subscribing hospitals.

Anne S. Crowder, R.N., M.A., CNRN, joined the AJN Company staff in April to act as AJN liaison with HSN. Ms. Crowder will oversee both the production of videotape programs for transmission to hospitals and the development of printed materials in syllabus form. Each syllabus will include program objectives, a study guide to accompany the videotape, and a posttest. The AJN Company will grant contact hours for successful completion of the written post-exam through its ANA-approved continuing education program.

SPAC administers exams for external degree program

Have you heard of the Southern Performance Assessment Center? Do you know what it is? Read on, and you'll learn a little something about the SPAC.

Most nurses are, by now, aware of the University of the State of New York's Regents External Degree (REX) in Nursing Program which offers qualified candidates an opportunity to earn a nursing degree through examinations and other assessment procedures. The SPAC of the Georgia Nurses Association administers the performance examinations in this region required by this nursing program.

The SPAC and three similar centers across the country make the External Degrees in Nursing more accessible to candidates by reducing travel expenses for those living outside New York State. The SPAC in Atlanta is unique in that it operates as a special service of the Georgia Nurses Association. SPAC is a free-standing performance testing center, functioning within specifications of a contract between the GNA and the University of the State of New York, which grants the Regents External Degree.

SPAC administers several types of performance examinations including clinical performance in nursing (CPNE), health assessment performance, teaching performance, and the professional performance examination (PPE).

Academic courses from any accredited college are accepted as transfer credits to meet general education requirements. BSN candidates are required to pass five written examinations, which test areas of health restoration, health support and professional strategies, and three performance examinations. ADN candidates are required to pass seven written examinations and the CPNE. All of the written examinations may be taken through the American College Testing Program (ACT-PEP). All performance examinations are scheduled through the SPAC study guides and applications are available only from REX Nursing Program.

SPAC was visited by NLN site visitors in March of 1983 as a part of the reaccreditation process of the REX Associate Degree in Nursing Program. Accreditation was granted. The BSN program is also NLN accredited.

If you are a self-directed, capable, motivated person interested in pursuing your ADN or BSN via the external degree route, you are invited to write to New York Regents External Nursing Degrees, Cultural Education Center, 5D45 (SPAC), Albany, N.Y. 12230 or call (518) 473-8957.

Take stock in America.
Buy U.S. Savings Bonds.

NEWS BRIEFS

• The American Nurses' Association announces publication of *Career Ladders: An Approach to Professional Productivity and Job Satisfaction,* an important and timely resource designed for those charged with initiating and implementing nursing career ladder programs within health care organizations. Copies are available for $5.00 from Publication Orders, American Nurses's Association, 2420 Pershing Rd., Kansas City, MO. 64108.

• Two national organizations have collaborated to produduce *Guidelines for Fellowship Programs in Nursing Administration,* and copies are available for $2.00 from Publications Orders, American Nurses' Association, 2420 Pershing Rd., Kansas City, MO. 64108

• Two nurses are high officials in the federal government, *Faye G. Abdellah,* Ed.D, F.A.A.N., chief nurse officer and deputy surgeon general, U.S. Public Health Service, and *Carolyn K. Davis,* Ph.D., F.A.A.N., administrator, Health Care Financing Administration, Department of Health and Human Services, were honored by health care leaders, legislators, federal officials, educators and public civic figures, as well as nurses, at a reception held by the American Nurses' Association on May 3, 1984 in observance of National Nurses' Day, May 6.

• "Clinical Management of the Elderly Patient," a three-day symposium on geriatric medicine, will be held August 9-11, 1984, at the Fairmont Hotel atop Nob Hill, San Francisco, Calif. For more information, contact The American Geriatrics Society, c/o The Health and Education Council, 7201 Rossville Blvd., Baltimore, Md. 21237, (301-686-3610).

• Rogerians will examine the cultural implications of Martha E. Rogers' Science of Unitary Human Beings at an educational symposium and conference on July 7 and 8, 1984, in Lawrence, Kansas. For more information contact: American Indian Alaska Native Nurses Association, P.O. Box 3908, Lawrence, Kansas 66044, (913-749-4335).

• Eleanor B. Saltzer, Ph.D., RN, F.A.A.N., has accepted a national staff appointment as Director of Education for the American Association of Critical-Care Nurses. AACN is the largest nursing specialty organization in the world. Membership/program information is available from AACN, One Civic Plaza, Newport Beach, CA. 92660.

• A FREE VISIT! Nurse practitioners from the Health Maintenance Clinic, which is sponsored by the UNC-CH School of Nursing and School of Medicine, set up office in the basement of Battle Hall to counsel personnel employees about their individual health concerns and needs and check their blood pressures. The nurse practitioners are faculty members of the UNC-CH School of Nursing and as nurse practitioners are certified to perform selected medical tasks, including writing prescriptions.

• "Celebrate Wellness," 10th Annual Educational Conference, ARN, October 17-21, 1984, Clarion Hotel, Cincinnati, Ohio. For program details, contact Association of Rehabilitation Nurses (ARN), 2506 Gross Point Rd., Evanston, Ill. 60201, (312-475-7300).

• "Innovation in Continuing Education: Strategies for Excellence," the 1984 annual conference of the American Nurses' Association Council on Continuing Education, will take place October 10-13 at the Sheraton-Century Center Hotel, Oklahoma City, Oklahoma. Keynote speaker and recipient of a 1984 Fullbright Award is Dr. William Lewis Holzemer.

• "Effective Interviewing Techniques with Clients and Patients," co-sponsored by Wilmington AHEC, first held on June 5, in Chapel Hill, will be repeated on September 28 in Wilmington.

• Applications are now being accepted, with a July 2, 1984, deadline, for the next semi-annual screening examination for nurses educated outside the U.S. who wish to practice as professionals in this country. The exam will be given on Wednesday, October 3, 1984, at 37 lcoations throughout the world. Application forms and guidebooks for applicants may be obtained from U.S. Embassies and national nurses associations in foreign countries, and from the Commission on Graduates of Foreign Nursing Schools, 3624 Market St, Philadelphia, Pa. 19104.

• Winners of the three International Council of Nurses/3M Nursing Fellowships for 1984 are Wengelawit Beyene, Ethiopia; Cynthia Pratt, Sierra Leone; and Chi-Hir Lo, Taiwan. Thirty-eight national nurses associations participated in the fellowship program.

• The Jampolsky Seminar on "How Attitudes Influence Your Patient's Care" by Jerry Jampolsky, M.D., will be held on November 2, 1984 at the Clarion Hotel, Colorado Springs, Colorado. For more information contact: Continuing Education Dept., Beth-El School of Nursing, 1400 E. Boulder, Colorado Springs, Co. 80909.

• A Centennial Symposium sponsored by the Division of Nursing, Memorial Sloan-Kettering Cancer Center, will be held on September 7, 8, and 9, 1984, at the Grand Hyatt Hotel, New York City. For conference information call 212-794-6662.

• The 2nd Annual Sickle Cell Conference will be held August 29-30, 1984, in Burlington. For more information contact: Lillie Morgan, (919-486-1191).

• "Potlatch '84," a continuing nursing education symposium consisting of 8 Clinical/Lecture Bus Tours and 18 classes will be held September 11-14, 1984, Seattle Center, Seattle, Washington, sponsored by the Washington State Nurses Association. More information can be obtained by calling 206-633-3613, Cherie Clausen.

• "Write Your Notes on Nursing in London," International Academy of Nursing Editors, 3rd Annual Meeting, Royal College of Nursing, London, England, will be held August 15-16, 1984. For more information contact: National Honor Society of Nursing, School of Nursing Bldg., 610

(*continued on page 15*)

MARILYN G. WOOD, RN

CANDIDATE FOR

A Position on the N.C. Board of Nursing Representing Skilled Nursing & Intermediate Care Facilities

I am genuinely interested and concerned about the future of the nursing profession. For the last thirteen years I have dedicated my efforts to improving and enhancing the quality of care delivered by nurses in the long term care setting. I am convinced that as nurses, it is our responsibility to use our expertise and influence in all areas of health care through a strong and dedicated Board of Nursing. For these reasons I am seeking a position on the Board representing skilled nursing and intermediate care facilities. I would appreciate your support and welcome your suggestions.

—Advertisement—

Ruby Wilson receives honors on completing Duke Deanship

A special collection of nursing books and journals at the Duke University Medical Center Library has been established by the faculty of the Duke School of Nursing to recognize Dr. Ruby L. Wilson on completion of her appointment as dean of the school.

Contributions to the special collection of nursing books and journals related to state, national, and international nursing activities, have been made by NCNA and District Eleven in appreciation of Dr. Wilson's contributions to the professional organization.

Dr. Wilson also was the recipient of the Honorary Recognition Award presented recently at District Eleven's annual banquet. She has been a member of District Eleven since 1955, has served on numerous committees, and was president of the district in 1963-65.

The citation pointed out that Dr. Wilson's excellence and leadership in nursing practice and education have been demonstrated numerous times during her 13 years of service as dean of the Duke University School of Nursing. She has held a number of executive offices in ANA, the American Association of Colleges and Nursing and the NLN.

ATTENTION "CRAFTY" NURSES:
The Country Store needs YOU!

The Country Store will be a feature attraction at the 1984 NCNA convention. District Two will be in charge of the Country Store during the convention. The local contact person is: Peggy C. Huffman, Rt. 1, Box 291-E, Connelly Springs, N.C. 28612, home: (704-874-0307 after 6:00 p.m.), work; (704-433-2744 from 8-5 p.m.)

Your participation through donations is *greatly* needed! Donations may be hand crafts, canned goods, or any other items. Begin making your plans now! Items may be collected by each district and brought to Asheville in October 1984. If unable to bring donations to the convention, please see that your items reach District Two. Items should be priced when District Two receives them. With everyone working together ... 1984's Country Store will be the best ever!

North Carolina Nurses Association announces MEMBERSHIP AWARD REWARD AND RECOGNITION PROGRAM

Recognition of a registered nurse in North Carolina who has made a significant contribution to membership growth in NCNA.

AWARD:	Recognition for outstanding member who has individually done the most to increase membership.
GUIDELINES FOR ENTRIES:	Nominations are to be made by district executive boards. Nomination forms have been sent to each district.
DEADLINE FOR ENTRY:	October 1, 1984
SELECTION:	To be made by the Membership Committee, NCNA
	Award will be presented at the 1984 convention of the North Carolina Nurses Association, October 24-27, 1984, at the Grove Park Inn, Asheville
SUBMIT ENTRY TO:	Membership Committee North Carolina Nurses Association P.O. Box 12025 Raleigh, NC 27605

Nurses studied for political savvy

Four graduate students at the University of South Carolina College of Nursing conducted a study to identify the political participation behaviors of middle manager registered nurses in North and South Carolina and to determine if associations exist between demographic variables and political participation behaviors. They have shared the results of their study with the *Tar Heel Nurse*.

A modified version of Drs. Archer and Goehner's political participation questionnaire was used. A random sample of nurses from North Carolina and South Carolina was obtained through the computer services of the respective state Boards of Nursing. The most frequently reported political participation behaviors in this study were voting and persuading others to support health related and nursing issues.

North Carolina middle manager nurses reported greater percentages of political participation behaviors than did the South Carolina middle managers. Two of the behaviors were statistically significant in association with the state-to-state comparisons. North Carolina middle managers voted and worked for the election of state legislators known to be in favor of health related and nursing issued in greater numbers than did the South Carolina middle managers.

In comparing political participation behaviors and position status, one behavior proved to be statistically significant. Supervisors from both North and South Carolina worked for the election of state legislators known to be in favor of health related and nursing issues in greater numbers than did the head nurses in the two states. Work experience proved to be statistically significant in association with the political participation behavior of voting in that nurse middle managers with greater than 11 years of nursing experience voted in greater numbers than did the middle managers with less than 11 years of nursing experience.

The researchers were: Mary Harper, Conway, S.C.; Elaine Sullivan, Columbia, S.C.; Eleanor Vaughn, Greer, S.C., and Delores Sanders, Charlotte.

Man Your Soapbox!

If you have dreams of regaling non-members with pithy descriptions of the many benefits of NCNA membership as *you* see them, now's your chance.

The NCNA membership committee is planning a new recruitment brochure, and we need your help. The brochure will feature pictures of two dozen members with short "testimonials" about individual membership benefits. Choose your favorite (or most personally useful) benefit of membership and jot down in 100-150 words why you enjoy it and/or feel it is beneficial to *you*. Benefits to be included are professional liability insurance, continuing education, legislative program, public relations, political action, professionalism, image of nursing, professional communication (i.e. *Tar Heel Nurse*, *American Nurse*) and any others you choose. Mail your "testimonial" to NCNA Membership Committee, NCNA Headquarters, by September 1. Include your name, address, phone number, title or nursing position and place of employment. The committee will review all testimonials and select the two dozen to be included in the brochure, attempting to present a cross-section of nurses, (including retired nurses). Authors of selected testimonials will be contacted and requested to provide a passport style black and white photo to be used in the brochure layout.

Sharpen your pencil and get on your soapbox!

Policy on students attending NCNA conventions

At the 1983 NCNA House of Delegates meeting, the Board of Directors was asked to appoint an ad hoc committee to study the issue of nursing student attendance at NCNA conventions. This ad hoc committee was appointed, conducted a survey of deans and directors of nursing education programs, received input from the N.C. Association of Nursing Students and, after extensive deliberation, made recommendations on this issue to the NCNA Board in March. The Board approved the following policy:

1. All participants (members, non-members, and nursing students) attending a meal session *will be* required to pay for the meals.
2. Each school of nursing will be allotted one nursing student representative to the convention with no registration fee required (excluding meals). The school will be responsible for notifying NCNA no later than *30 days* prior to the convention who will fill the space. Schools will be encouraged to send the same nursing student for the entire convention for continuity of the learning experience.
3. The current policy of student registration remains in force as a mechanism for other nursing students who wish to attend the convention but are not school representatives. The policy is one-half of the registration fee, plus meals.

The new policy will be implemented at the 1984 convention in Asheville.

FAMILY NURSE PRACTITIONER PROGRAM

THE FNP PROGRAM, THROUGH AN INTENSIVE 12-MONTH COURSE OF STUDY, PREPARES EXPERIENCED RN'S TO COLLABORATE WITH A DESIGNATED M.D. SUPERVISING THEIR MEDICAL ACTIVITIES IN PROVIDING PRIMARY CARE TO INDIVIDUALS AND FAMILIES IN A VARIETY OF HEALTH CARE SETTINGS.

THE FNP, A PROFESSIONAL MEMBER OF THE PRIMARY HEALTH CARE TEAM, MAKES A UNIQUE CONTRIBUTION TO INDIVIDUAL, FAMILY AND COMMUNITY. FAMILY NURSE PRACTITIONERS USE INTEGRATED NURSING AND MEDICAL SKILLS TO PROVIDE COMPREHENSIVE, COORDINATED CARE. THIS CARE INCLUDES HEALTH MAINTENANCE TO PREVENT ILLNESS, HEALTH EDUCATION, MANAGEMENT OF ACUTE EPISODIC ILLNESS, STABILIZATION AND MANAGEMENT OF CHRONIC DISEASE AND EMERGENCY CARE.

NURSES FROM NORTH CAROLINA OR WITHIN A 300 MILE RADIUS OF ASHEVILLE, N.C. SHOULD APPLY NOW FOR THE CLASS OF OCTOBER 1984 - OCTOBER 1985.

FOR FURTHER INFORMATION CONTACT:

Mountain Area Health Education Center

501 Biltmore Avenue • Asheville, N.C. 28801-4686 • 704-258-0881

MEDICAL-SURGICAL DIVISION of the NORTH CAROLINA NURSES ASSOCIATION announces the MEDICAL-SURGICAL NURSE OF THE YEAR COMPETITION -1984

Recognition of a registered nurse in North Carolina who has made a significant contribution to medical-surgical nursing.

AWARD: Recognition for outstanding medical-surgical nursing practice.

ENTRY PROCESS:
1. Candidate must be a registered nurse in North Carolina working within the area of medical-surgical nursing. Membership in NCNA is required.
2. Nomination for award may come from any source (colleague, supervisor, physician, district nurses association, etc.)
3. Application must be completed by candidate.
4. Selection will be based on identified guidelines.

DEADLINE FOR ENTRY: August 15, 1984

SELECTION: To be made by the Medical-Surgical Nursing Division, North Carolina Nurses Association.

Award will be presented at the 1984 convention of the North Carolina Nurses Association, October 24-27, 1984, at the Grove Park Inn, Asheville, North Carolina.

Nomination guidelines and application forms available from NCNA.

SUBMIT ENTRY TO: Medical-Surgical Division
North Carolina Nurses Association
P.O. Box 12025 Raleigh, NC 27605

NORTH CAROLINA NURSES ASSOCIATION and THE NATIONAL FOUNDATION—MARCH OF DIMES announce NURSE OF THE YEAR COMPETITION -1984

Recognition of a registered nurse in North Carolina who has made significant contribution to maternal-child health.

AWARD: $500 for continuing education activities toward improvement of maternal-child health.

GUIDELINES FOR ENTRIES:
1. Candidate must be a registered nurse in North Carolina working within the area of maternal-child health. Membership in NCNA is not required.
2. Application must be filled out by individual nurse. Sponsors may request that nurse(s) make application. Self-declared candidates are also appropriate.
3. Selection will be based on criteria stated on the reverse side of nomination/application form.
4. Two letters of recommendation must be provided by persons knowledgeable of candidate's professional MCH contribution.

DEADLINE FOR ENTRIES: August 1, 1984

SELECTION: To be made by the Maternal-Child Health Nursing Division, North Carolina Nurses Association. Award will be presented at the 1984 convention of the North Carolina Nurses Association, October 24-27, at the Grove Park Inn, Asheville, North Carolina.

Application Forms & Criteria Available From: North Carolina Nurses Association P.O. Box 12025 Raleigh, NC 27605

NCNA named on ANA honor roll

NCNA has once again earned a place on the ANA Honor Roll for membership growth in recognition of increased membership in 1983. This marks the second consecutive year NCNA has been on the honor roll.

Watch the June issue of *The American Nurse* for this announcement. The Honor Roll document appears below.

American Nurses' Association

Honor Roll for Membership Growth
1983

Alaska Nurses Association
Arizona Nurses' Association
Arkansas State Nurses' Association
California Nurses Association
Colorado Nurses' Association
Connecticut Nurses' Association
Delaware Nurses' Association
District of Columbia Nurses' Association
Florida Nurses Association
Georgia Nurses Association
Hawaii Nurses Association
Idaho Nurses Association
Iowa Nurses' Association
Kentucky Nurses Association
Louisiana State Nurses Association
Maine State Nurses' Association
Massachusetts Nurses Association
Missouri Nurses Association
Montana Nurses' Association
Nevada Nurses' Association
New Hampshire Nurses' Association
New Jersey State Nurses Association
New Mexico Nurses Association
North Carolina Nurses Association
North Dakota State Nurses Association
Pennsylvania Nurses Association
Rhode Island State Nurses' Association
South Carolina Nurses' Association
Texas Nurses Association
Utah Nurses' Association
Vermont State Nurses Association
Virgin Islands Nurses' Association
West Virginia Nurses' Association
Wisconsin Nurses Association
Wyoming Nurses' Association

Distinguished decisionmakers

You—North Carolina nurse—are a distinguished decisionmaker! North Carolina nurses are the **only** nurses in America who have the right and privilege to elect the nurse members of the Board of Nursing. This distinction makes you the envy of nurses across this country. A frequent question from nurses in other states is, "How did you accomplish such a feat?"!

The "feat" was, of course, accomplished in the 1981 revision of the Nursing Practice Act that we worked so diligently to achieve. It is an accomplishment we must really value and use—just as greatly as we do our right to vote on political candidates and issues.

Nurses are increasingly assuming decisionmaking roles in many critical arenas. We must be sure to take advantage of the one so close to us and so vital to our professional practice.

When your Board of Nursing ballot comes to you in mid-August, pay close attention to it. Evaluate the candidates; discuss it with your colleagues and urge them to use it; **read the directions;** vote; and mail it in! Then—sit back and bask in knowing that you have just exercised your right as a distinguished decisionmaker!

Judy Seamon, President

This tulip tree was planted at NCNA headquarters in loving memory of Barbara Johnson who died on March 19, 1984. Pictured with the tree is Jackie Pruett, one of the nurses from Dorothea Dix Hospital who donated the tree.

Gero Division meetings focus on care of elderly

by Mallie Penry, Chairman, Gerontological Division

April 24 brought a fresh, new activity to NCNA Headquarters. Over 60 nurses, united in their concerns over the health care of our elderly population, brainstormed ways and means of tackling one of the most challenging tasks ever to face nurses in North Carolina. How can we bring quality to the care provided our elderly? How can we assure dignity to the aging? How can we as nurses contribute to not only adding years to life but life to the years?

Concerns centered around legislation and practice, regulation and caregivers. The focus of the day: **Improving the health care of older citizens.** Issues considered included prospective payment systems, staffing patterns in nursing homes, quality assurance reviews, alternative caregivers, more active involvement of nurses in policy making, RN supervision in nursing homes and rest homes, continuing education for all caregivers, measuring quality of care provided, turnover and burnout of staff working with the elderly in institutions, research and documentation by nurses, special needs of the confused elderly, mental health needs of the aging, consumer involvement in standards of care, images of caregivers, and legal constraints imposed by the varied regulatory agencies. Addressing these issues and taking an active stand as a group of concerned caregivers became the charge of the day.

Acknowledging that the key to gerontological nursing is health promotion and maintenance and prevention of illness, the group quickly recognized the need to hear from the elderly themselves. With that in mind, June 6, 1984, brought the group together again, but this time with a number of representatives from other organizations who work with the elderly and from senior citizen groups. We heard the concerns of the recipients of health care, the consumers of our services. Who better to answer our questions of how to bring quality to the life of the aging individual and how to bring dignity to not only living, but even to dying?

Now, that should pique your interest! Watch the next issue of the *Tar Heel Nurse* for more details about the June 6 meeting and future plans to impact on the quality of health care for the geriatric population of our state.

Health law review

(from page 1)

Registration at each workshop begins at 8:30 a.m. The program concludes at 4 p.m. Application has been made for six (6) CERPs and to NCLPNA for six (6) CEAPs.

Dates and locations are:

July 23, 1984, Asheville—
Mountain AHEC Lecture Hall, 502 Biltmore Avenue, in cooperation with Mountain AHEC. Free parking available in MAHEC parking lot.

July 24, 1984, Winston-Salem—
Babcock Auditorium, Bowman Gray School of Medicine, 300 N. Hawthorne Road, in cooperation with Northwest AHEC and Greensboro AHEC. Parking available in N.C. Baptist Hospital visitor's deck.

July 25, 1984, Charlotte—
Charlotte AHEC 3rd Floor Conference Room at Charlotte Memorial Hospital Medical Center, in cooperation with Charlotte AHEC. Reduced parking for $1 in Lot B. Must bring parking ticket to workshop registration to be stamped.

July 26, 1984, Fayetteville—
Southeastern Regional Rehabilitation Center, adjacent to Cape Fear Valley Hospital, 2000 Owen Drive, co-sponsored by Cumberland County Hospital System, in cooperation with Fayetteville AHEC. Parking available directly behind Rehabilitation Center for 50¢. Free parking within walking distance.

August 3, 1984, Raleigh—
Wake AHEC Auditorium, Wake County Medical Center, 3000 New Bern Avenue, in cooperation with Wake AHEC. Parking available in WCMC parking lot.

Miller nominated for AJN Board

Frances Miller, executive director of NCNA, has been nominated for election to the AJN Company Board of Directors. Elections will be held at the annual AJN stockholders meeting, June 20, 1984, in New Orleans.

The Journal company is wholly owned by one stockholder, the American Nurses Association. The Board of Directors of ANA elects members of the Board of Directors at the AJN Company.

The AJN Company publishes five journals, including *The American Journal of Nursing*, *Nursing Research*, *International Nursing Index*, *Maternal-Child Nursing* and *Geriatric Nursing*.

PRE-REGISTRATION FORM

Annual Checkup on Laws Affecting North Carolina Nurses

Name _____ Position _____

Address _____

Telephone (work) _____ (home) _____

Fee: $50 Members $75 Non-Members

Please check: ( ) RN ( ) LPN ( ) Other

Check workshop attending: ( ) Asheville, July 23 ( ) Charlotte, July 25 ( ) Raleigh, August 3
( ) Winston-Salem, July 24 ( ) Fayetteville, July 26

Please identify health related questions you wish to hear addressed during a one hour question/answer period at the close of the workshop: _____

PLEASE REGISTER AT LEAST TWO WEEKS IN ADVANCE OF WORKSHOP SELECTED. Enclosed $_____

Make check payable to NCNA and mail to: NCNA, P.O. Box 12025, Raleigh, NC 27605

Application for Membership in
North Carolina Nurses Association

Last Name/First Name Initial

Street or P.O. Box

Additional Address if Needed

City & State

Employer Name

Employer Address, City, State & ZIP CODE

Social Security Number

Home Phone

Work Phone

ZIP CODE

Basic School of Nursing:

Name

Graduation: Month & Year
R.N. License:

Number

State

MEMBERSHIP DUES INFORMATION (check with SNA/DNA for rates)
Please circle membership category then check payment plan

Membership Category

M Full Membership Dues —
Employed full or part-time

R Reduced Membership Dues —
Not employed; full-time student; new graduate from basic nursing aducation program, within six months of graduation, first mambership year only, or 62 years of age or ovar and not aarning more than Social Security System allows

S Special Membership Dues —
62 years of age or over and not employed, or totally disabled.

To be completed by SNA/DNA
State District
Expiration Date Mo. Yr.
Employer Code
SNA Code

Approved by Date

Amount Enclosed

Payment Plan

☐ Full Annual Payment

☐ Installment Paymant Plan — three paymants annually with service fee in first installment

☐ Bank Card
Available for annual payment only

Visa/MasterCard Number

Card Expiration Date

☐ Payroll Deduction
This payment plan is available only where there is an agreement between your employer and the association to make such deduction

MEMBER SIGNATURE

Make Check Payable to:
AMERICAN NURSES' ASSOCIATION
2420 Pershing Road
Kansas City, Mo. 64108

Payment Plan (continued)

☐ Electronic Dues Payment Plan
Raad and sign the authorization and 1/12 of your annual duas will be withdrawn from your checking account each month

In ordar to provide for convenient monthly payments to American Nurses' Association, Inc (ANA): (1) This is to authorize ANA to withdraw 1/12 of my annual duas from my checking account aach month on or after (1st or 15th) day of each month (strike out one); (2) In the amount of _____ (contact SNA/DNA for appropriate rate); (3) which is designated and maintained as shown by tha enclosed voided check (attach one voided check); (4) ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice; (5) the undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as dasignated above.

Signatura for EDPP authorization

News briefs

(from page 9)

Barnhill Dr., Indianapolis, Ind. 46223 (317-264-4689).

- "Focus on Function: Gerontology in 1984," University of Cambridge, England. One or two week sessions from August 26-September 8 are available by contacting Betty Cox Associates, 232 E. University Parkway, Baltimore, Maryland 21218 (301-243-5943).
- *Issues in Professional Nursing Practice,* a new nine-volume monograph series to be published in 1984 will be an invaluable tool for better understanding of the scope of nursing practice and the legal, historic, ethical, and societal frameworks which influence that practice. Subscriptions are available from Publications Orders, American Nurses' Association, 2420 Pershing Rd., Kansas City, Mo. 64108.
- Chautauqua at Vail, Colorado, a choice of 95 seminars, August 1-6, 1984. For complete catalog write to: 5453 E. Evans Place, Denver, Co. 80222 (303-757-7483).
- The Ninth National Primary Care Nurse Practitioner Symposium will be held June 30-July 2 at Keystone, Colorado. North Carolina nurse practioners who are presenters are: G. Ann Evans, Chapel Hill; Mark S Philbrick, Durham; and Karen Bower Philbrick, Chapel Hill.
- Grady Memorial Hospital, Atlanta, will conduct a conference, "Current Issues in Mental Health Nursing," September 27-28, 1984, at Grady. Fee is $75. Contact Sharon Grover, Grady Memorial Hospital, 80 Butler Street, S.E., Atlanta, Ga. 30335.
- The N. C. Health Care Facilities Association will sponsor a workshop, "Introduction to Rehabilitation Nursing", on July 10 at the Radisson Hotel in High Point. For further information, call Donna Zacker at (919) 782-3827.

NCC-LAW, an organization for nurses

The North Carolina Center for Laws Affecting Women, Inc., is an organization of interest to all nurses in North Carolina. It was founded by Meyressa Schoonmaker, president, a Winston-Salem attorney in private practice. The Center was founded in 1979 to study laws and social change that affect women, children and the family.

Since its founding, the Center has researched and made proposals for laws concerning tenancy by the entirety, insurance benefits for divorced women and child support enforcement. Some of the legislation has been passed. The Center has also supported legislation proposed by NCNA. This organization is deserving of support by North Carolina nurses. It is an excellent example of the type of organization I believe that NCNA could work with in a coalition.

Nurses who wish to participate in the Center can join as individuals for the modest membership cost of $15. The Center accepts other donations for the support of its research and publications. Organizations such as NCNA may also join for the same membership fee. When you join you will receive North Carolina Center for Laws Affecting Women, Inc. (NCC-LAW) Reports for the entire year, including back issues for that year. The Center operates on a calendar year.

The NCC-LAW Reports publishes findings from research, interpretations of the law, services available to families as required by law, brief summaries of cases affecting family rights, etc.

Workshop on costing out nursing services planned

MARK YOUR CALENDARS! September 13 and 14 will offer North Carolina nurses an opportunity to learn more about "Costing Out Nursing Services." This two-day-workshop has been planned by the Special Committee on Workshops and will take place at the new Sheraton Greensboro Hotel.

The present day economic situation and prospective payment plans are dramatically affecting the health care scene. Managers need to analyze specific cost data to make informed decisions in health care management. Nursing has been, and is, a portion of the "hotel" costs on hospital bills. It must be extracted from other services to allow an appropriate analysis of services rendered.

On September 13, Robert L. Newton, director of Financial Services at Moses H. Cone Memorial Hospital, will present content on basic financial concepts. September 14 will feature Ann Van Slyck of AVS & Associates, Inc. in Phoenix, Arizona. She will address costing out nursing services. Content will include a discussion of variable billing versus traditional billing, steps needed to reach objectives for variable billing and costing out nursing services, and the pros and cons of variable billing. Application has been made for approval to grant CERP credit.

A block of rooms at the Sheraton Greensboro Hotel have been designated at special rates for workshop participants. Please indicate that you are an NCNA workshop participant when making reservations to get the $46 single or double rate (an extra $10 per person will be added when more than two people share a room). This block will be held until two weeks prior to the workshop.

Workshop brochures will be prepared for mail out in July. They will be sent to a large number of nurses and agencies across the state. If you are interested in receiving a copy of this brochure which will provide more details about agenda and fees, please complete the form below and send it to NCNA. We'll be sure you get a copy!

Yes! I'm interested in the September workshop, "Costing Out Nursing Services"

Please send a workshop brochure to:

Name: _____

Address: _____

_____

Complete form and return to: NCNA, P.O. Box 12025, Raleigh, N.C. 27605

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

Vol. 46, No. 2 **May-June 1984**

Official Publication of the North Carolina Nurses Association, 103 Enterprise St., Raleigh, N.C. Tel (919) 821-4250. Published 6 times a year. Subscription price $12 per year, included with membership dues. Indexed in *Cumulative Index to Nursing and Allied Health Literature* and available in MICROFORM, University Microfilms International.

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ISSN 0039-9620

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Vol. 46, No. 4 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION July-August 1984

ANA convention report

Hard work of delegates makes NCNA proud!

By Hazel Browning

The 1984 ANA Convention is history now. Ten very tired delegates and one half-dead associate executive director boarded planes on June 29 headed for North Carolina and HOME. It was hard for some to keep from kissing the concrete at RDU airport—the sight of home was so welcome!

Some headline events occurred in New Orleans for NCNA and North Carolina nurses. Our president, Judy Seamon, was elected to chair the Constituent Forum, the organizational unit that consists of presidents and executive directors of the 53 constituent members of ANA under the new federation model. Frances Miller, our NCNA executive director, was elected as a member of the American Journal of Nursing Company Board of Directors. Barbara Jo McGrath was on the ballot for the ANA Nominating Committee. Not only was Barbara Jo elected, she received the highest number of votes among those on the ballot, and that secured the chairman position for her on this committee. We are very proud of our representatives who are assuming leadership roles at the national level.

The list of other persons elected to ANA offices is included in the July 1984 *American Journal of Nursing* (AJN) as ar details on program sessions. Key decisions resulting from House of Delegates' actions are also included in the journal. One blatant omission on the AJN coverage of the convention stands out to North Carolina delegates, that being the leadership role assumed by the North Carolina delegation in providing a position paper about key issues necessary to solidify the federation and in providing a forum to consider a dues decrease. The remainder of this article will focus on our delegation's activities in those roles.

As you may recall from past issues of the *Tar Heel Nurse*, NCNA became concerned some months ago about the rapidly approaching end phases of the transition period. In 1982, ANA delegates decided in House actions to move to a modified federation structure. The period of 1982-1984 was to be a time of transition and, at the close of the 1984 convention, elements were to be in place for the modified federation to begin. This change meant that ANA would go from an individual member organization to an organization of constituent state association members. Individual nurses would be members in a district and state association; the state association would be the member of ANA. The concept was that this change would decentralize the organization, allowing for better servi-

(continued on page 8)

New officers of the ANA Constitutent Forum are (left to right) secretary, Caroline Davis, executive director of the Missouri Nurses Association; vice-chairman, Cecilia Mulvey, president of the New York State Nurses' Association; chairman, Judy Seamon, president, NCNA.

Betty Godwin joins NCNA staff

Betty Sue Godwin, R.N. joined the NCNA staff on July 1 as assistant executive director.

Betty formerly was assistant director for nursing education, Eastern AHEC in Greenville. She relocated to the Raleigh area with her new husband, Steve Wilkie.

Her major staff responsibilities will be administration of the CERP program, administration of workshops, and program and leadership development to strengthen district associations.

Betty's previous professional experience includes positions as instructor at ECU School of Nursing, and staff nurse at Pitt County Memorial Hospital and New Hanover Memorial Hospital. She holds BSN and MSN degrees from ECU.

Betty is current president of Sigma Theta Tau, Beta Nu Chapter, and has held numerous offices in District Thirty. She also has held NCNA committee appointments.

Message from the President

Judith B. Seamon

The 1984 ANA convention was an outstanding experience, and the North Carolina delegation assumed a visible and significant leadership role throughout the convention. The delegates served ANA and NCNA in a professional manner by being informed, diligent, persistent and even maintaining a sense of humor throughout some difficult, long and tiring days. They were informed and diligent by having studied carefully all of their voluminous materials, clearly understanding the positions of NCNA, and faithfully attending all of the delegate meetings prior to and during the convention.

They were persistent in fulfilling their elected office as delegates by their attendance in the House of Delegates, for many long hours and continuous lobbying of other delegations relative to NCNA's positions on issues. Their sense of humor was the "glue" that held us together during the tough times and made the entire experience a pleasant one. In addition, many of the non-delegate members who attended made our task much easier to accomplish by assisting us daily in many helpful ways. Our associate executive director, Hazel Browning, did a superb job of staffing our delegation. Her expertise enhanced my performance as president and that of the delegates. This is especially noteworthy since this was Hazel's first convention, and she had to accept this as a primary responsibility in the absence of our executive director, Frances Miller. Please join me in saluting our fellow NCNA members. As president, I could have not had a finer group to work with, and I wish to thank them and commend them for a job well done!

We, along with the leadership from several other SNAs, had concluded that the critical objective of this convention was to accomplish the next essential steps required to stabilize and secure the new modified federation. One of these steps was a reallocation of financial resources, namely a decrease in the national dues. This is possible without weakening the national organization, because in the federated structure many of the national responsibilities and services have been reallocated to the SNAs. This was, in fact, to be one of the benefits of the federation as the operation of the entire organization became refined within the federated structure.

We knew this particular task would be especially difficult to accomplish since the ANA Board of Directors had requested a substantial increase in the national dues and was lobbying vigorously for support of their position.

Months of preparation had gone into planning how to give specific direction to actions in the House of Delegates in order to accomplish our task and others which would secure the federation. Coalitions were developed with other SNAs; a position paper was prepared and distributed to all ANA delegates; "Federated We Stand — Strong" buttons were distributed; and as noted, a strong visible leadership role was assumed by the North Carolina delegates.

As a result of our efforts — and against strong oppositon of the ANA Board of Directors in many instances — we were able to prevent a substantial increase in national dues and achieve several other important objectives. The concensus from leaders in other SNAs was that the dues increase would have been a reality had North Carolina not mounted this strong effort. In addition, many "messages" were sent, by actions in the House of Delegates and results of the elections, that embodied our concern for securing the federation.

To add to our feeling of accomplishment, Barbara Jo McGrath was elected chairman of the Nominating Committee and your president was elected chairman of the Constitutent Forum. In addition, Cathryne Welch from NYSNA, who was nominated from the floor and whom we vigorously supported, was elected to the Board of Directors. So, we came home feeling that the convention was indeed a "job well done."

ACTIONS OF THE BOARD

The Board of Directors at a meeting on June 15, 1984, took the following actions:

- Approved registration for the 1984 convention.
- Allocated $600 to each ANA delegate toward convention expense.
- Supported the Commission on Health Affairs in exploration of a spring '85 C. E. conference and development of a budget and specific plans to submit to the Board.
- Directed the Bylaws Committee to draft bylaws revisions making the Workshop Planning Committee a standing committee; deferred further action on bylaws amendments until July board meeting.
- Accepted the recommendations of the Executive Committee regarding the Nominating Committee's procedures to encourage minority representation on the ballot.
- Adopted the following definition of minority: "Minority"—the smaller number of votes of a deliberative assembly opposed to a majority with respect to nationality, race, religion, creed, lifestyle, color, sex, or age.
- Approved revisions in the policy on use of Headquarters Building.
- Directed the Headquarters Committee to review the salary plan for staff annually.
- Received a report on a survey of legislators' attitudes and beliefs about nursing and suggested ways of sharing the data.
- Approved convention sites for 1986 and 1987.

The Executive Committee reported to the board it had taken the following actions:

- Recommended 1986 and 1987 convention sites to the Board of Directors for approval.
- Recommended that the Board of Directors direct the Nominating Committee to take certain steps to encourage the nomination of minorities that would not violate the bylaws or federal laws and that the Board of Directors adopt a legal definition of minority.
- Recommended that the Board of Directors direct the Nominating Committee to: 1) publish an article in the *Tar Heel Nurse* encouraging minorities to submit names; 2) use the definition of minority adopted by the Board of Directors; 3) consult with the Human Rights Committee for suggestions of minority candidates prior to developing the ballot.
- Made recommendations to the Board of Directors for appointment as chairman of the Special Committee on the Impaired Nurse.
- Recommended to the Board of Directors that the policy for use of headquarters building be amended.
- Ratified a request to permit release of NCNA membership list for mailing of Eddie Knox campaign material.

Nurse-PAC announces more endorsements

Nurse-PAC endorsed Senator Wilma Woodard in the July 17 primary for one of three Senate seats in the 14th District. This was the *third* primary held this year. Senator Woodard led the ticket among four Democratic candidates.

Nurse-PAC also has endorsed Rep. Jeanne Fenner, although the date has not been set for the primary in Rep. Fenner's House District.

Why lobbyists get gray

Bill affecting authority of licensing boards is 'hot issue'

By Hazel Browning

The 1984 session of the General Assembly met for 23 days, making it the longest even-year "budget" session since 1974. A total of 525 bills were introduced between June 7 and the adjournment date of July 7, with 187 bills and 51 resolutions finally being ratified. This lengthy "short" session followed the 1983 record-setter, which had been the longest continuous session in the state's history.

A.P.A. Recodification ... the "hottest" issue of the short session as far as nursing was concerned, did not even begin to unravel until Thursday, June 28, when Rep. George Miller (D-Durham) introduced House Bill (HB) 1784, an act to recodify the state's Administrative Procedures Act (A.P.A.). When an act is recodified, it basically is "cleaned up"; statute changes that have occurred since the act originated are incorporated, and chapter and section numbers are revised appropriately. Some minor revisions may also be incorporated in a recodification. HB 1784 would more appropriately have been titled a *re-write* of the A.P.A. The 47-page bill proposed substantive changes in the Administrative Procedure Act.

Article 3 of HB 1784 dealt with administrative hearings and caused the most concern to nursing because of its potential impact on the Board of Nursing. This article dramatically affected the manner in which occupational board administrative hearings would be conducted by stripping the boards of their authority to conduct hearings and determine disciplinary action in contested cases, placing responsibility for those functions in the hands of administrative judges. The bill specified that a chief administrative judge would be appointed by the governor by September 1, 1984. Most of the provisions of the bill would not become effective until July 1, 1985. Exceptions to that effective date primarily related to appointments to be made by the governor, and those sections were to become effective upon ratification.

It was abundantly clear that leadership in the House wanted this piece of legislation, since it passed second and third readings in the House by June 29, one day after introduction.

Hectic finale

The week that followed was to be the last week of the 1984 short session and, as usual, things got very hectic. HB 1784 became a bargaining chip in the closing drama. The bill had to be engrossed (amendments adopted in the House were incorporated in the second edition of the bill and new copies printed). Because of a delay caused by this process and the fact that the computers were operating at capacity on last minute budget bills at that point, HB 1784 was not reported in to the Senate until Thursday, July 5. At that time, it was assigned to the Senate Committee on Rules, which is chaired by Senator Craig Lawing (D-Mecklenburg).

A rather unique thing happened during the short life of HB 1784. Lobbyists who are interested in protecting the authority of occupational boards found themselves banning *together* to oppose HB 1784. Efforts were made to discuss this bill with as many senators as possible to express concern over the loss of the occupation's right and responsibility to discipline its own licensees. Leadership in the Senate was concerned over the far-reaching effects of the lengthy bill—especially since the end of the session was drawing near and most substantive portions of the bill were not to become effective until July 1, 1985. The feeling was that this issue needed more thought and study than the waning days of this session allowed.

The Senate Committee on Rules met on Thursday afternoon to discuss HB 1784. Rep. Miller was present to present the bill, as were other key leaders from the House.

Senate Committee members began to raise key questions about the bill. The discussion continued for nearly an hour when one of the senators suddenly moved to adjourn. The motion passed and no action was taken on the bill.

Stalemate

Although the July 6 session lasted until 8 p.m., legislators were unable to complete the business. During that day, the interstate banking bill (SB 706) remained at a stalemate in the House. HB 1603, a partial ban on phosphate detergents, made no headway in the Senate and no further action was taken on the APA bill since the Senate Committee on Rules chose not to meet.

In an unusual Saturday session, all pawns were in place for a real showdown. The House convened at 9 a.m. and the maneuvers began. The House passed an amendment which added the entire substance of the phosphate ban to the interstate banking bill.

A few short minutes later ... the House amended SB 187,. the "pork barrel" bill which funded numerous local pet projects of lawmakers across the state. The amendment added to the "pork barrel" rule the entire substance of the administrative procedure bill.

The Senate had convened at 9:30 a.m., but was "at ease" waiting on further messages from the House. Word travels fast at the General Assembly. Just before the Senate reconvened, there were two quick meetings in the hallways. The Senate Special Ways and Means Committee and the Senate Committee on Rules met. When the Senate reconvened the Senate Special Ways and Means Committee, which had been holding up the phosphate ban bill, reported in an unfavorable report on the bill. The Senate Committee on Rules reported in an unfavorable report on the A.P.A. bill. This action, in effect, killed the two bills. *THEN*, messages from the House were taken up. The interstate banking bill with its phosphate rider was ruled out of order by Lt. Governor Jimmy Green. The phosphate rider on the bill was essentially the same as a bill already (minutes before) defeated in the Senate.

The "pork barrel" bill with its A.P.A. rider was ruled out of order. Lt. Governor Green ruled that the APA rider was not "germane" to the small appropriations bill and therefore, in keeping with the rules of the Senate, could not be considered.

Both bills were returned to the House for removal of the riders. The House then accepted that tactical maneuvers were not going to save the A.P.A. and phosphate ban bills. The riders were removed and the interstate banking bill and small appropriations bill were, ultimately, ratified. The session was finally officially adjourned around 5 p.m. on Saturday, July 7.

1985 Agenda

That closing drama did bring defeat to HB 1784, but similar legislation is expected in the 1985 session. All of these events have been in the making for several years. The 1977 Sunset Law was designed to assure that the state would not be overly burdened by unproductive bureaucracy and set out to achieve that purpose by reviewing all regulatory boards and programs over a six-year period. Those deemed unnecessary were to be terminated. By 1983, at the close of the six-year review, only one board had been terminated in the process.

There is sentiment in the General Assembly that the number of administrative rules has proliferated to the detriment of the public good and the efficient operation of government. Further, there is some feeling that the functions of rule making, investigation, advocacy and adjudication should not be performed by the same agency in the administrative process (as evidenced by the language of HB 1784). Some legislation that voices these concerns was passed late in the long 1983 session. For example, House Joint Resolution 1345 from the 1983 session authorized the General Assembly to study the Administrative Procedure Act and to review rules currently in effect. All rules promulgated by agencies, including the Board of Nursing, will be reviewed by the General Assembly. Further, House Bill

(continued on page 13)

Nursing Practice Administrator's Section Needs YOU!

This article is probably meant for you. If you are a head nurse, assistant head nurse, assistant nurse administrator, clinical specialist, consultant or supervisor in any health care setting, this is your section, and your input is needed.

This section has had several meetings and covered an array of topics. Some of the following agenda items have been discussed at our meetings: 1) costing out of nursing service, 2) impact of DRGs on nurse administrators in worksetting; 3) assessing programming needs of this section in preparation for fall convention; 4) representation on Impaired Nurse Committee from this section.

The next section meeting will be held September 12, 1984, at 9 a.m.-12 noon at NCNA headquarters. If you plan to attend, please contact NCNA by *September 7, 1984.*

In order to better plan for this section's needs, please complete this survey by *September 7, 1984* and return to the NCNA headquarters, P.O. Box 12025, Raleigh, NC 27605.

Nursing Practice Administrator Questionnaire

A. **Directions:** 1) Please prioritize the 6 items below, with 1 being your main concern and 6 being your least. 2) On a scale of 1-5, with 1 being very important, and 5 being the least important, circle the number that expresses your level of concern.

1. Make recommendations to nursing leaders about characteristics of the work setting.
   Priority # _____
   Level of concern 1 2 3 4 5
2. Improve relationships between levels of nursing administrators and other health administrators who have nurses working in their systems.
   Priority # _____
   Level of concern 1 2 3 4 5
3. Improve relationships between nurses who are middle managers and physicians in the work setting.
   Priority # _____
   Level of concern 1 2 3 4 5
4. Gather information about the status of nurse administrator salaries and take action to improve the same.
   Priority # _____
   Level of concern 1 2 3 4 5
5. Provide programs about economic issues related to federal reimbursement plans.
   Priority # _____
   Level of concern 1 2 3 4 5
6. Provide programs about legal and ethical issues for nurses as they relate to a decreased hospital stay for patients.
   Priority # _____
   Level of concern 1 2 3 4 5

B. List any other ideas you have to share with this section to be considered in future planning.

_____

_____

_____

More RNs appointed to Boards of Health

Add these names to the list of registered nurses appointed to local Boards of Health:

Marie Miller, R.N., C.F.N.P. has been a member of the Davie County Board of Health for a number of years.

Rowan county's R.N. appointee to the Board of Health is **La Von Corriher.**

Marjorie Reynolds Gray is chairman of the Anson County Board of Health. Before her retirement in 1982, she was nursing supervisor for the Anson County Health Department.

Margery F. Adams, director of nursing at Catawba Memorial Hospital, Hickory, is the R.N. appointee to the Catawba County Board of Health.

ABOUT PEOPLE

Mercedes O'Hale, Fayetteville, has retired as chairman of the Associate Degree Nursing Program at Fayetteville Technical Institute ... **Betty B. Compton,** one of 17 women receiving the 1983 Wonder Woman Foundation awards, was featured in the May 1984 issue of *Southern Living.* An acocunt of Betty's award appeared in the January-February issue of *Tar Heel Nurse* ... **Sister Jeanne Margaret McNally** of Belmont was re-elected by her Congregation, The Sisters of Mercy of North Carolina, to the office of Superior General for a second term of four years.

To all NCNA members and friends who supported my candidacy for ANA Nominating Committee, I would like to say "thank you".

Barbara Jo McGrath, Chairman
ANA Nominating Committee

Reserve these dates!

A three-day continuing education conference for North Carolina nurses on clinical and professional topics is on the drawing board!

Reserve the dates March 5, 6, and 7, 1985, on your calendar. The conference will be held in Chapel Hill at Carrington Hall, UNC-CH School of Nursing.

POSITION: ADN INSTRUCTOR (LEVEL II)

DATE AVAILABLE: AUGUST 22, 1984
DUTIES: Classroom (campus) and clinical teaching, advanced Medical-Surgical Nursing, Fall, Winter and Spring Quarters, Maternal-Child Health, Summer Session.
QUALIFICATIONS: Masters Degree in Nursing with a minimum of two years clinical (hospital) experience within the last five years. Eligible for licensure in N.C.
SALARY: Commensurate with education and experience.
APPLICATION DEADLINE: OPEN
CONTACT: Personnel Office
Fayetteville Technical Institute
P.O. Box 35236
Fayetteville, NC 28303
Phone: 919-323-1961
Ext. 373/246
An Equal Opportunity Employer

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

On a trip to New England this summer I had a good opportunity to reflect on the pleasures of "familying". Aunts and Uncles and "Cousins by the dozens" came round to greet us, and the time was spent with "catch-up" on the events since the last visit. The initial meeting and greeting over (with hugs), focus turned to changes in appearance ("My, hasn't Greg grown!"), and then to details of daily life. Such visits renew bonds and closeness that the birthday greetings and infrequent letters just can't keep fresh enough, and when the visit is over you feel the belonging that goes with kinship in a caring and loving family.

It occurs to me that that's how I view Convention. Nursing is very much like a family to me. I can keep in touch with my colleagues through the year through our correspondence (occasional workshop contacts, a rare phone call, a meeting or two, the *Tar Heel Nurse*) but coming together at Convention renews the sense of kinship and the bond of togetherness which makes me feel a part of the family.

In a chapter entitled "Colleagiality and Collectivity" from her book, *On Nursing*, Margretta Styles has addressed the topic of professional belonging. "I believe", she states, "that nursing's maximum contribution for social betterment is dependent on ... the ability of the profession to maintain *unity* within diversity." "Colleagiality", Styles declares, "is the actual sharing of that innermost core identity with our colleagues, a spiritual brotherhood or sisterhood. True professionhood, *perhaps above all else*, means that we are as bonded to our associates—through conviction and calling, through social contract, through professional thought and conscience—as we are bonded to our natural sisters through blood."

It follows that bonding is expressed in our professional membership and is renewed and reaffirmed at professional gatherings which serve the same function for the Family of Nursing as the family reunion does for the Family of Origin. When I'm asked what I get out of my NCNA involvement I answer that I get the sense of identity, acceptance, and pride that comes from being part of a strong, nurturing multi-generational family.

I'm looking forward to Convention. See you there?

Hughes is delegate at national convention

Cathy Hughes of Charlotte, past chairman of Nurse-PAC, was an at-large delegate from North Carolina to the Democratic Convention in July in San Francisco. Cathy is vice-chairman of the Mecklenburg County Democratic Executive Committee. She has been a leader in motivating North Carolina nurses to a role in the political arena.

Cathy was one of at least 10 ANA members who served as delegates to the convention. One nurse served on the Platform Committee. ANA and N-CAP were visible with the presence throughout the convention of President Eunice Cole and N-CAP Chairman Kathleen Montgomery. ANA also hosted a breakfast for the nurse delegates.

Thanks for the Memories . . .

When Rowena Linthicum and Christine Winstead recently retired as director and assistant director of nursing at the Wake County Health Department, their combined service totaled more than 60 years! They had weathered three moves, an explosion of services offered in clinics, homes and schools and a growth in staff from 16 to 92 nurses.

Under their leadership, Wake County PHN's have met the challenges of a growing population with increasingly diversified public health needs. Somehow, with an eye to the past, but their thoughts to the future, Rowena and Chris helped us all make the necessary (and sometimes all too frequent) transitions from the familiar to the innovative. This feat alone merits justifiable pride. But perhaps their greatest legacy has been their policy of commitment to and support of their professional organization. They created a work atmosphere where NCNA is not only discussed openly and freely, but where membership is encouraged, and participation is enthusiastically supported.

Their belief that the entire agency would benefit from each individual's involvement, prompted them to "go beyond the call of duty" to provide opportunities for staff participation in local, state and national association activities. Through their leadership and vision, they have sown seeds of professionalism that will continue to strengthen the nursing staff they so skillfully served. Those of us who have been nurtured by them offer our continuing respect and gratitude.

—Gale Johnston

CORRECTION

The May-June, 1984 issue of *Tar Heel Nurse* was printed with an incorrect issue number. It should have been labeled "Volume 46, No. 3" instead of "Volume 46, No. 2". Those who maintain files of the newsletter should make this correction on the May-June, 1984 issue.

POSITION: ADN INSTRUCTOR (LEVEL I)

DATE AVAILABLE: AUGUST 22, 1984
DUTIES: Classroom (campus) and clinical teaching, fundamentals, Fall and Winter Quarters, beginning Medical-Surgical Nursing, Spring Quarter, Maternal-Child Health, Summer Session.
QUALIFICATIONS: Masters Degree in Nursing with a minimum of two years clinical (hospital) experience within the last five years. Eligible for licensure in N.C.
SALARY: Commensurate with education and experience.
APPLICATION DEADLINE: OPEN
CONTACT: Personnel Office
Fayetteville Technical Institute
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Fayetteville, NC 28303
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Tar Heel nurses at the ANA Convention

NCNA delegates politicked hard for a position formulated well before the convention — lower ANA assessment, no free Council membership, and elimination of duplicative activities among the levels of the organization. Shown discussing NCNA's position with other delegates are Judy Seamon and Sheila Englebardt.

Non-delegates join delegates for one of many caucuses on convention issues. (Left to right) Delegate Sheila Englebardt, Delegate Cathy Hughes, Delegate Estelle Fulp, Pat Gottschall, Kay Jackson, Helen Everett.

AJN staffers who photographed the House of Delegates show their weariness during the hours of debate.

More North Carolina caucusing! (Left to right) Eldean Pierce, Pat Gottschall, Laurie Ferris, Audry Booth, Polly Ulin, Helen Everett.

Barbara Jo McGrath learns of her election as chairman of the ANA Nominating Committee. Sharing the good news are Veronica Drescoll of New York and Cecilia Mulvey, president of NYSNA.

The official North Carolina delegation: (standing) President Judy Seamon, Wanda Boyette, Sheila Englebardt, Connie Wolfe, Estelle Fulp, Eris Russell, Kay Jackson (alternate who replaced Cathy Hughes late in the convention); (seated) Carol Osman, Hettie Garland, Barbara Jo McGrath, and staffer Hazel Browning.

Leaders in a coalition to hold down ANA dues and strengthen the federation structure prepare last-minute statements for the House of Delegates. Judy Seamon; Cathryne Welch, NYSNA executive director; and Hettie Garland do some final editing. In the background are delegates from New York, Pennsylvania, and Oklahoma.

Non-delegates Debbie Hutchinson, Dee Anderson, and Debra Price keep up with delegate debates and actions.

Representing NCNA in the gala opening ceremony processional are Judy Seamon and Hazel Browning.

Few constituent associations went to the convention with a position paper identifying the critical organizational issues before the delegates and a strong position on those issues. NCNA *did*. President Judy Seamon worked like superwoman throughout the convention to give strong leadership. North Carolina nurses can take pride in the leadership she and the delegation provided.

Barbara Jo McGrath makes a point at the forum on bylaws.

Caucusing on the floor during a break are Hazel Browning, Carol Osman, Hettie Garland, Barbara Jo McGrath, Wanda Boyette, Eris Russell, and Cathy Hughes.

Barbara Jo McGrath's campaign manager was her sister, Mary Jo Lorek, right.

Heading home are Hettie Garland and Judy Seamon with more luggage than the taxi trunk could hold. The trunk lid wouldn't close, so it was tied with a strap and a prayer—that luggage wouldn't bounce out before reaching the New Orleans airport.

Brunch at Brennan's! This was the post-convention reward to the hard-working North Carolina non-delegates whose support helped the delegates to survive.

ANA Convention Report

(from page 1)

ces at all levels. ANA would service 53 constituent state members rather than 165,000 individual members. The states would provide services to its individual members.

North Carolina had supported the move to a modified federation and felt a sense of commitment to the organization to provide leadership through the transition and into the new structure. For that reason, months were spent in dialogue with the leadership from other state nurses associations (SNAs), monies were spent in sending representatives to ANA Board of Directors' meetings, and energy and time were spent to develop a position paper, "the blue paper", which encapsulated what NCNA and several other SNAs believed to be the key concepts and house actions necessary to solidify the federation model, strengthening both ANA and the SNAs. The blue paper (it was printed on blue paper!) was mailed to ANA delegates and SNA executive directors across the nation prior to convention.

In essence, the blue paper set forth three major concepts for strengthening ANA and the SNAs and defined supportive action necessary to carry those out. Concept 1, the SNAs are now the members of ANA, would need to be operationalized by deletion of the individual membership option at the national level, SNA control over its own membership list, council membership at a fee, retention of the Constituent Forum and retention of the Nursing Orgnaization Liaison Forum as a communicating, not advisory, body.

Some organizational functions can only be carried out effectively at the national level, and the dues assessment should reflect appropriate support of these functions—that was the premise of the second concept. However, that also necessitated an appropriate reallocation of funds for those functions that would now be assumed entirely by the SNAs. A written contract for optional services—such as central billing—was needed.

Concept 3 capitalized on the need for clarity in delineation of responsibilities between SNAs and the ANA. It was clear that decentralization of the organization should allow SNAs to assume responsibilities for some functions previously carried out at the national level. Again, if the states were going to assume additional service responsibilities, thereby decreasing services at the national level, a reallocation of funds would be necessary. NCNA proposed that the national dues assessment be set at $35 per capita, a $20 decrease from previous $55 assessment rate. The SNAs would then have additional funds available to provide services, purchase services from ANA, and implement innovative membership options.

Judy Seamon, Hettie Garland and Hazel Browning arrived in New Orleans on Tuesday, June 19, and for the next seven days, there was no rest. Daylight hours were spent rushing from one state or regional SNA meeting to another, lobbying support for the concepts in the blue paper, and encouraging delegates to give thoughtful consideration to how best to solidify the modified federation through delegate actions. Nighttime hours were spent in caucuses with a nucleus of other state leaders who had stepped forward to assist in the development of the blue paper and/or to support its concepts. These states included New York, Oklahoma and California and later included Pennsylvania, Ohio, Minnesota and Maine.

There is no way to describe the tremendous amount of energy and time expended in those days by our president, Judy Seamon, and president-elect, Hettie Garland. They led discussions with state delegates about the blue paper and were so well versed about it that you'd have throught they'd been born with a copy of it in their hands! They talked about concepts of a modified federation as if they had created it! They were up at the crack of dawn, still going strong in the wee hours of the morning and, through it all, kept smiling! As other North Carolina delegates began to arrive, they fell right into the pattern set by their delegation leaders, lobbying for the blue paper tirelessly.

That pace continued through Tuesday, June 26, when the Committee on Finance proposal for a $75 dues assessment per capita was introduced on the floor of the House of Delegates. State leaders in support of a dues decrease had planned a strategic parliamentary maneuver called "insert a blank" which would allow for any number of options for the amount of dues to be considered. President Eunice Cole had been consulted about this plan, explained the process to the house, and nine numbers ranging from $35 to $75 were proposed to fill the blank. The first number to receive a majority vote would be inserted in the blank for consideration by the house. President Cole began at the highest figure; $75 was defeated, as were $70, $65, and $60, though there was a fair amount of support for both $60 and $65. A majority vote was reached at $55. This number was then inserted in the blank and was approved as the dues assessment per capita.

Needless to say, North Carolina felt deflated since attempts to get a dues decrease had failed. As time passed over the remaining two days of the convention, that feeling changed, however. Leaders from many SNAs came by to thank North Carolina for taking the lead to counter the $75 dues increase proposal from the ANA Committee on Finance with our $35 dues proposal. Each one felt that we would have *undoubtedly* had a dues increase if someone had not stepped forward to lead a counterproposal. After hearing those remarks time and time again from people we had come to know and respect, we began to listen a little better and to feel better.

Now, with the convention almost four weeks behind us, it becomes clearer each day that we did come home with a win! We held our ground in New Orleans by staying at a $55 dues rate, and that certainly is better than $75! Hooray, North Carolina, you did it again!

That was the story of the ANA convention. Other remarkable events from the Hosue of Delegates included the following:

- The size of the House of Delegates was fixed at 615 with each SNA having three delegates-at-large.
- The California proposal was adopted; this is a formula for payment of national dues based on dues revenue received rather than number of members.
- The Constituent Forum was retained as an organizational unit of ANA.
- ANA Headquarters will remain in Kansas City at least until 1992.
- Council membership is available to individuals at a fee of $25 per council.

Additional information on the convention is in the July *AJN* and is expected to be included in the next edition of *The American Nurse.*

The next time you see the members of the NCNA delegation to the 1984 ANA convention, try to remember to shake their hand, slap them on the back or give them a hug for a job well done. They were a team of 10 hard working, dynamic and effective

(continued on page 9)

Margaret Dolan inducted into ANA Hall of Fame

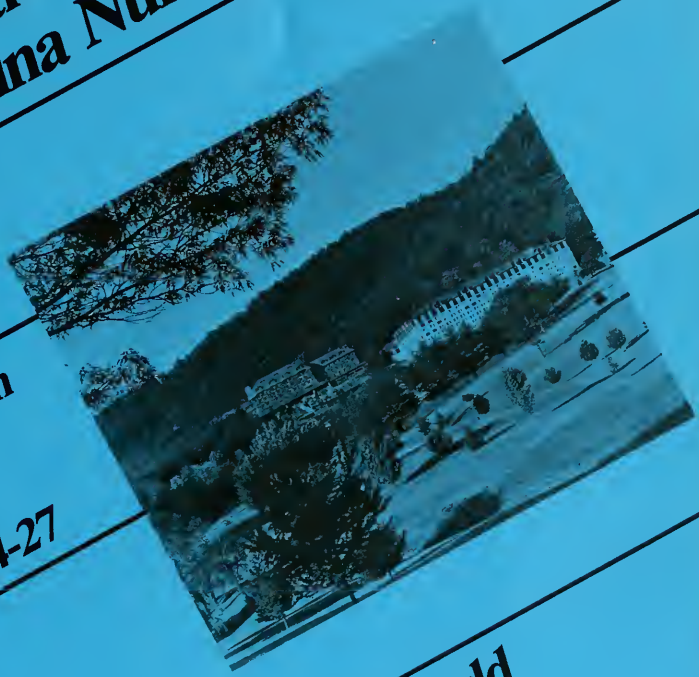
Margaret B. Dolan, a past president of NCNA and ANA, who died in 1974, was among 13 nurses selected in 1984 for induction posthumously into the Nursing Hall of Fame.

There are 34 members in the Hall of Fame, founded by ANA a decade ago to honor registered nurses whose achievements have significantly affected the nursing profession.

The Hall of Fame is now a permanent memorial to nurse leaders of history.

Mrs. Dolan was recognized nationally and internationally as a leader in health care. She served as president of the American Public Health Association and the National Health Council. She was a professor and head of the Department of Public Health Nursing at the UNC-CH School of Public Health.

1984 Convention
North Carolina Nurses Association



Grove Park Inn
Asheville

October 24-27

Brave Nurses in a New World

- New World of Economics
- New World of Technology
- New World of Politics

PRE-REGISTRATION FORM

1984 NCNA Convention

October 24-27, 1984
Grove Park Inn, Asheville, NC

**Costs of planned meal functions are included in all registration fees.*

Name: _____

Address: _____
(Street) (Town) (Zip)

Telephone: (home) _____ (work) _____

Entire Convention (includes dinner 10/24 and 10/26; lunch 10/25 and 10/26; coffee 10/26

( ) Member $110 ($125 on-site)) Non-member $220 ($235 on-site)
( ) Full time student (member NCNA or NCANS) $85 ($92.50 on-site)
( ) Full time student non-member $170 ($177.50 on-site)

NOTE: Full fee required for attending more than one day.

One day only: (on-site registration is $15 higher)

	( ) Wed., Oct. 24 (includes dinner)	( ) Thurs., Oct. 25 (includes lunch)	( ) Fri., Oct. 26 (includes lunch and dinner)	( ) Sat., Oct. 27 (includes coffee break)
Member	$46	$34	$ 53	$27
Non-member	92	68	106	54
Student (full-time basic or RN member NCANS or NCNA)	34	22	41	15
Student non-member (student on-site fee is $7.50 higher)	68	44	82	30

A $5 service charge will be deducted from each refund. NO REFUNDS AFTER OCTOBER 17.

Total Enclosed $_____

Mail check to:
North Carolina Nurses Association
P. O. Box 12025
Raleigh, NC 27605

Non-members who join NCNA within 30 days following convention and pay the *full annual* dues will receive a refund of the difference in member and non-member fee.

The Grove Park Inn
And Country Club

Asheville, North Carolina 28804
(704) 252-2711

NORTH CAROLINA NURSES ASSOCIATION
October 24-27, 1984

Please reserve hotel accommodations for: _____

Arrival Date: _____ (Time: _____) Departure Date: _____

Address: _____ Phone No.: _____

City: _____ State: _____ Zip Code: _____

Comments: _____

_____

This reservation request must be received 40 days prior to arrival and must be accompanied by an advance deposit **check of one night's room** rate to confirm your reservations on a definite basis. We ask that you advise us of any change of dates at least 72 hours in advance of your scheduled arrival date. Failure to do so will result in loss of your deposit. If you arrive later than or leave prior to the dates you have indicated, your deposit will be applied to the room rental for that day. The advance deposit is refundable if the reservation is cancelled at least 72 hours prior to arrival. Check-in time is after 2:00 pm and check-out time is prior to 12:00 Noon.

☐ — EP — Single — $75.20
☐ — EP — Double — $80.50
☐ — EP — Triple — $91.11
☐ — EP — Quad. — $101.72

EP (European Plan) rate includes room, taxes on room and maid's gratuity.
Suites are available upon request.

CUT-OFF DATE: SEPTEMBER 14, 1984

PLEASE READ THE ABOVE CAREFULLY AND SEND THIS COMPLETED FORM, ALONG WITH ONE NIGHT'S DEPOSIT TO: Reservations Office, Grove Park Inn & Country Club, 290 Macon Ave., Asheville, NC 28804.

Convention Purposes

- Explore the brave new world of nursing and brave nurses in a new world—obstacles and opportunities.
- Recognize the impact that new world technology, economics and politics will have on the future of nursing.
- Discuss strategies that support nursing's future contribution to the health care client and to the advancement of the profession.
- Discuss current issues relevant to nurses and nursing in North Carolina.

You can attend.

All program sessions are open to any person who registers for the convention. Registration fees cover all convention working papers, CERPS, morning coffee breaks, two luncheons, and two dinners.

Registration.

Registration fees appear on the registration form on the opposite page. Members of NCNA and those who pre-register will enjoy a price advantage. No refunds will be made after October 17. **Please pre-register if at all possible.**

Accommodations.

Grove Park Inn is holding a block of rooms for the NCNA convention until September 14. Make your room reservation before that date. A reservation request form appears in this publication. Send it directly to Grove Park Inn.

On-site registration hours.

Wednesday, October 24—12 noon-7:00 p.m.
Thursday, October 25—7:00 a.m.-2:00 p.m.
Friday, October 26—7:00 a.m.-7:00 p.m.
Saturday, October 27—7:00 a.m.-9:30 a.m.

Featured speakers

Carol Ann Lehmann Lindeman, R.N., Ph.D., F.A.A.N., is dean of the School of Nursing and associate director, nursing service, University of Oregon Health Sciences Center. She is consultant to several nursing education programs and hospitals and is chair-elect, Western Council for Higher Education in Nursing. She is author of numerous articles, primarily on nursing research, and is on the editorial board of several nursing periodicals. She will keynote the convention.

Mary Mallison, R.N., is editor of the *American Journal of Nursing.* Beginning in 1965 she spent four years as assistant and as associate editor on the staff of AJN. She left AJN after her marriage to George Mallison and moved to Atlanta. She was employed at Grady Hospital, for several years as assistant director of nursing for special projects. She was active in the Georgia Nurses Association, serving on its Board of Directors, lobbying, writing and/or editing the district newsletter, writing legislative testimony. She also carried out several free-lance assignments for AJN.

Willis B. Goldbeck started the Washington Business Group On Health in 1974. It is the only national organization devoted to the health policy and cost management interests of major employers. While serving as WBGH's president, Mr. Goldbeck has also written numerous articles, several books, and published the magazine *Business & Health.* Other health-related functions have included: vice-chairman of the JCAH Policy Advisory Committee, founder of the National Industry HMO Council, Board of Directors of the American Health Plan Association, trustee of the Washington Hospital Center and the National Rehabilitation Hospital, and adjunct professor in the Boston University School of Medicine and Public Health.

Rosemary Bowman, R.N., M.B.A., is president of Health Care Partners, Nashville, Tennessee. After holding positions as staff nurse, nursing instructor, office nurse, and public health nurse, she became associate executive director of the Tennessee Nurses' Association in 1974. She became executive director in 1976, then took a leave of absence to complete the M.B.A. program at the Graduate School of Business and Public Management, University of Denver. During this period she was assistant director of two home health agencies. After a second stint as TNA executive director, she formed her own business. Ms. Bowman served as chairman of the ANA Committee on Bylaws, 1979-82.

Rebecca Clark Culpepper, R.N., M.S., is director of nursing continuing education/quality assurance and assistant administrator, Vanderbilt University Hospital. She was executive director of Tennessee Nurses' Association from 1965-1976. Her career has included teaching and hospital staff positions.

Laurel Archer Copp, R.N., Ph.D., F.A.A.N., is dean of the School of Nursing, UNC-Chapel Hill. She will give the convention "wrap-up." Prior to her appointment as dean, she was chief of the Nursing Research Division, Department of Medicine and Surgery, Veterans administration. She has written books, chapters in books, and numerous articles and is an editor for the international series of books, *Recent Advances in Nursing.* She has been a presenter at national and international conferences.

Convention Program

Wednesday, October 24

9:00 a.m. - 12:30 p.m.
Council of District Presidents
12:00 Noon - 2:00 p.m.
Credentialing of Delegates
2:00 p.m. - 4:30 p.m.
House of Delegates
5:00 p.m. - 6:00 p.m. — **Cash bar**
6:30 p.m. - 9:00 p.m. — **Keynote Dinner Session**
Speaker: Carol Lindeman, R.N., Ph.D., F.A.A.N., Dean, School of Nursing and Associate Director, Nursing Service, The University of Oregon Health Sciences Center, Portland.

Thursday, October 25

8:00 a.m. - 9:00 a.m.
New World Session: Economics
Speakers: Rosemary Bowman, R.N., M.B.A., President, Healtb Care Partners, Nashville, Tennessee, and Rebecca Culpepper, R.N., M.S., Director of Nursing Continuing Education/ Quality Assurance and Assistant Administrator, Vanderbilt University Hospital.
9:00 a.m. - 10:30 a.m.
Follow-up Sessions: Economics

1. **Economics: New Modes for Delivery of Care,** sponsored by Commission on Health Affairs

Panel:
Patrick Ausband, R.N., C.N.A., Vice President and Director of Nursing, Carteret General Hospital, Morebead City; Jimmie Butts, R.N., F.N.P., Family Nurse Practitioner, SAS Institute Inc., Cary; Marie Hass, R.N., F.N.P., Wake Healtb Services, Raleigh; Elizabetb Dickson, R.N., M.S.N., C.N.M., Director of Carolina Birtb Center, Higb Point; Ruby Wilson, R.N., Ed.D., Dean, Scbool of Nursing, Duke University, Durham; Joanne Beckman, R.N., M.S., Director of Quality Assurance Program in Nursing, Duke University Hospital, Durbam

2. **Economics: Implications for Nursing Education and Practice** sponsored by Commissions on Education and Practice (overview of relevant issues and dialogue/debate)

Participants:
Sbeila Engelbardt, R.N., C.N.A., Assistant Administrator for Nursing, Moses H. Cone Memorial Hospital, Greensboro; Laurice Ferris, R.N., M.A., Associate Professor and Director of Continuing Education Program, School of Nursing, UNC Chapel Hill; Mary Lou Moore, R.N.C., F.A.A.N., President, Nursing Consultants, Winston-Salem

3. **Economics: Implications for Hospital Nursing,** sponsored by Commission on Member Services

Panel discussion with representatives to include nursing administrator, staff nurse, consumer, NCNA representative, pbysician, and hospital administrator

11:00 a.m. - 12:30 p.m.
Forum on Bylaws and Resolutions
12:30 p.m. - 2:30 p.m.
New World Session: Politics
Speaker: Willis Goldbeck, President, Washington Business Group on Health, Wasbington, D.C.
2:30 p.m. until . . .
New **World of Leisure Living**

Friday, October 26

7:00 a.m. - 8:00 a.m.
Continental Breakfast sponsored by Committee on Human Rigbts
8:00 a.m. - 10:30 a.m.
Exhibit and Country Store Set up
8:00 a.m. - 9:00 a.m.
New World Session: Technology
Speaker: Mary Mallison, R.N., Editor, *American Journal of Nursing,* New York, New York
9:00 a.m. - 10:30 a.m.
Follow Up Sessions: Technology

1. **Technology: New Modes for Delivery of Care**
"Make Big Brother Work for You: A look at advances and information on health care technologies".

Participants:
Russell Eugene Tranbarger, R.N., M.S.N., C.N.A.A., Administrator for Nursing, Moses H. Cone Hospital, Greensboro; Harriett Poole, R.N., Director of Information Development, Rex Hospital, Raleigh

2. **Technology: Impact on Ethics in Nursing Education and Practice.**

Participants:
Marlene Rosenkoetter, R.N., Ph.D., Acting Dean, Scbool of Nursing, University of North Carolina at Wilmington, Wilmington; Patricia Rensma, B.A., M.A., Ph.D., Assistant Professor of Philosopby, University of North Carolina at Wilmington; Susan M. Kennerly, R.N., M.N., Nursing Instructor, Presbyterian Hospital School of Nursing, Charlotte; Hettie Garland, R.N., M.P.H., Director of Nursing Education and F.N.P. Program, MAHEC, Asheville

3. **Technology: Silent Hazards of the Hospital Setting,** sponsored by Commission on Member Services

Panel:
Dr. Jerry Tulis, Director, Biohazard Science Program, School of Public Health, UNC-Chapel Hill; Julie Falconer, Director, Employee Health Services, Duke University Medical Center, Durham; Howard Bridges, Industrial Hygiene Consultant, N.C. Division of Health Services, Raleigh

11:00 a.m.
Ribbon cutting to open exhibits and country store
11:00 a.m. - 5:00 p.m.
Exhibits and Country Store
12 Noon - 1:30 p.m.
Lunch witb tbe exhibitors

2:00 p.m. - 4:00 p.m. — Structural Unit Meetings

1. **Division on Gerontological Nursing Practice:** "Gerontological Nursing Update", a review of tbe 1984 activities of the division and business meeting to set 1985 goals.
Leader: Mallie Penry, R.N., Ph.D., Greenville, Division Chairman
2. **Division on Maternal-Child Health Nursing Practice** (Co-sponsor — School Health Section): "Why Standards? A Look at ANA 1983 Revision of MCH Standards."
Speaker: Janice Robinson, R.N., M.S.N., Assistant Professor, Scbool of Nursing, UNC Greensboro, Greensboro
3. **Nursing Service Administrator Section:** "Networking to keep the alligators off your .....!!"

Discussion Leaders:
Margaret Whittington, R.N., M.S.N., Director of Nursing at Dorothea Dix Hospital, Raleigh; Brenda Bessard, R.N., M.Ed., Director of Nursing, Medical Personnel Pool, Raleigh; Betty Baxter, R.N., C.N.A., Associate Executive Director of Nursing, Humana Hospital, Greensboro

4. **Division on Medical-Surgical Nursing Practice** (Co-sponsor — Division on Psychiatric Mental Health Nursing Practice)
Program: A Concept of Pain
5. **Subcommittee on Third Party Reimbursement** (Co-Sponsors —NCNA Committee on Legislation and Primary Care Nurse Practitioner Conference Group): "Third Party Reimbursement . . . Issues and Impact"
Program Coordinator: Gale Touger, R.N., F.N.P.C., Chairman, Subcommittee on Reimbursement
6. **Baccalaureate and Higher Degree Forum:** Business meeting to review goals for remainder of biennium.

2:00 p.m. - 5:00 p.m.
Media Fair
5:00 p.m. - 7:30 p.m.
Nurse PAC Fund Raiser
7:30 p.m. - 10:00 p.m.
Awards Banquet (Closing dinner session)
Speaker: Laurel Archer Copp, Pb.D., F.A.A.N., Dean and Professor, Scbool of Nursing, University of North Carolina at Chapel Hill, Chapel Hill

Saturday, October 27

7:30 a.m. - 9:00 a.m.
Credentialing of Delegates
9:00 a.m. until . . .
House of Delegates

"Making Financial Sense" — a workshop designed especially for nurse managers

By Betty Godwin

Health care economics continues to be one of the primary challenges for nurse managers. Initial experimentation with prospective reimbursement has yielded some answers and has generated more questions. We are beginning to explore creative and innovative financial management techniques which heretofore have not been considered in the realm of nursing management. The scope of nursing's influence in hospital finances has expanded so much in the past two years that it has become imperative for us to continually investigate the alternatives for nursing service.

As a response to this current situation in nursing management, the NCNA Workshop Planning Committee has planned a workshop, "Making Financial Sense" for September 13 and 14, 1984, to be held at the Holiday Inn-Airport, Greensboro. Originally, the program was to be held at the new Sheraton in Greensboro, but construction delays necessitated a change in location.

The first day of the workshop will be facilitated by Robert L. Newton, assistant treasurer and director of financial services at Moses H. Cone Hospital, Greensboro. Mr. Newton will present current concepts relative to hospital financial managment. This presentation will enable participants to develop skills that will strengthen their ability to analyze financial practices in their institution. With this knowledge nurse managers will be better prepared to examine the alternatives available for nursing services and make decisions concerning nursing's involvement and investment in the financial planning process.

On the second day, Ann Van Slyck, R.N., M.S.N., C.N.A.A., will present "Costing Out Nursing Services". Ms. Slyck is well known for her experience and expertise in nursing management, costing out nursing services, and variable billing. She is a past assistant administrator for nursing services at St. Luke's Hospital in Phoenix, Arizona, and is currently the president of AVS and Associates in Phoenix. Ms. Slyck will provide participants the opportunity to zero in on nursing, to examine methods which give quantitative and qualitative information about the dollar value of nursing care. In the past, we have not had the information or the researched data available on which to derive these figures. Through intensive study by nursing managers, we now have facts to examine. You will be involved in taking this information and applying it to case situations.

The workship is designed so that participants who cannot attend both days can choose to attend either September 13 or

14. Each day will begin at 8:30 a.m. at the Holiday Inn-Airport in Greensboro. Use the registration form below to register *before August 31, 1984.* A block of rooms has been reserved at the Holiday Inn-Airport through August 31, 1984. Make reservations directly to the motel, (919) 668-0421. For program details, contact Betty Godwin at NCNA.

Pre-Registration Form

Making Financial Sense

Name: _____ Employed Position _____

Address: _____

Telephone (work): _____

Please check the appropriate box

( ) $85 member — attend both days

( ) $110 non-member — attend both days

( ) $65 attend September 13, 1984 only

( ) $65 attend September 14, 1984 only

Registration deadline: August 31, 1984

Registration fee: Fees include workshop materials, lunch and breaks each day

ANA Convention Report

(from page 8)

leaders on the cutting edge of the 1984 ANA Convention issues! Your delegation included Judy Seamon, Hettie Garland, Carol Osman, Barbara Jo McGrath, Wanda Boyette, Sheila Englebardt, Connie Wolfe, Cathy Hughes, Estelle Fulp, and Eris Russell. Vida Kay Jackson, an alternate delegate, also served on the last day of the House of Delegates since Cathy Hughes had to return to North Carolina for other commitments.

A personal note from this reporter ... this was my first ANA convention. I found the entire process fascinating, exciting, exhausting and one of the best learning experiences I've ever been involved in. My thanks to the experienced North Carolina delegates who took me under their wing and made me feel a part of the "cutting edge" and to Frances Miller, who stayed close to the phone and was just as supportive "across the miles" as she is across the desk in the office.

I must make one final comment in closing. I find it impossible to imagine what an ANA Convention would be like if there were no Tar Heel non-delegates present and willing to offer support. More than 35 NCNA members called headquarters prior to convention to report that they planned to attend and would be "willing to help in any way". I had no idea how meaningful those words were until New Orleans. Many attended the N.C. caucuses; others stopped by to talk and see if we needed anything; and all gave us warm, friendly North Carolina smiles of encouragement as we went about the business at hand. I would be remiss if I did not mention our official "pep squad" who ran for megadoses of coffee, brought in boxes of sandwiches, braved early morning and late night caucuses to be informed and smiled us through a lot of rough spots. On behalf of the North Carolina delegation, *THANK YOU* Vida Key Jackson, Debbie Hutchinson, Dee Anderson, Webra Price, Helen Everett and Eldean Pierce!!

Quality care for the elderly: a challenging priority

By Mallie Penry, Chairman
NCNA Division on Gerontological Nursing Practice

The Division on Gerontological Nursing Practice of the North Carolina Nurses Association delighted in the support received at the NCNA 1983 House of Delegates meeting in October. The Division enthusiastically planned to "chart our course" for the biennium, as our president charged. Little did we realize that the priority of the resolution on Care of the Older Citizens would include so many facets.

Thirty different organizations and agencies involved with health care of the elderly in North Carolina responded to an invitation to meet with us in June to brainstorm together on mutual concerns and problems and possible strategies. This was only a beginning. The meeting succeeded in generating ideas and suggestions. The next task will be to prioritize the strategies and begin the task of organizing and coordinating efforts.

From the meetings to date three areas of priority have emerged: 1) a coordination of services for the elderly, 2) flexibility in the reimbursement systems, and 3) a need for consumer education. The Division Executive Committee met on July 26 to consider the next step in organization for action.

Many of you have indicated a strong interest in being involved as we try to "move mountains." Please hold onto that desire. There will be a need for task forces, committees, and action groups. You know your strengths and talents. 1985 promises to be an action year for nurses in North Carolina as we join hands with other groups who are equally concerned with the older population in our state, their needs, and our responsibility in helping meet those needs.

Representatives of 30 agencies and organizations attended the NCNA meeting to explore concerns about health care for the elderly.

National statistics and reliable predictions indicate that by the year 2000 at least 16 per cent of the population in the United States will be over 65. This not only affects health care, but we face a society with changes in the economic structure, employment, housing, political influence, government, environment, transportation, and recreation. Ninety-five per cent of the older population are in their own homes or apartments, or make their home with family. These are active, contributing citizens. They are members of our family, neighbors on the block, or friends. We are in error to think only of institutional care for our elderly. With the greatest increase in the age group 75 and older, we can expect a need for more nursing home beds, but at no time has the prediction indicated greater than 10 per cent institutionalized.

In health care this means a greater concentration on health promotion or health maintenance. Prevention of illness in the elderly will become more and more important, which opens a door for alternatives in health care and an opportunity to promote primary preventive care for the elderly. Can you not feel the excitement of the potential this holds for nursing? The future could and should be ours.

Plans now call for a gerontological nursing update on Friday afternoon of the NCNA convention in Asheville. Be there!

Presbyterian grads plan get-together

Presbyterian Hospital Graduates, please take notice of the coffee break at the NCNA Convention in the Dogwood Room on Friday, October 26, 10:30-11:30 a.m. Come visit your classmates and friends. Buy a gold or silver CAP charm. Help us update our mailing list. We know many of our graduates will be at the convention. Let's touch base with each other before visiting the exhibits.—Betty Newbold, President, Alumni Association.

Comment invited on state health plan

A copy of the draft 1985 State Medical Facilities Plan is available for review in NCNA headquarters.

The draft is an update of the 1984 Plan and includes policy guidelines and need projections for the areas of: Acute Care Hospitals, Rehabilitation Facilities, Nursing Homes, Home Health Agencies, Intermediate Care Facilities for the Mentally Retarded, Psychiatric Facilities, Chemical Dependency Facilities, End State Renal Dialysis Stations, and Ambulatory Surgical Facilities. The plan's effective date is January 1, 1985.

The official public comment period ends August 24, 1984. Written comments may be filed prior to that date with the State Health Planning Section, Department of Human Resources, P. O. Box 12200, Raleigh 27605-2200.

Public hearings were scheduled at several locations around the state during July and early August. A statewide hearing was scheduled for August 15.

Member perk

NCNA members are now members of the Tri-Hilton Association Club!

Each member is eligible for special rates at the Raleigh Hilton, Greensboro Hilton, and Winston-Salem Hilton. When registered at any of these hotels, the NCNA member is elgibile also for 10% discount at the restaurant and lounge.

Tri-Hilton Association Club cards will be distributed to district presidents at the next meeting of the Council of District Presidents. Each district will distribute the cards to its members. The special rates are effective until September 1, 1985. The card must be presented at check in.

Representatives of district nurses associations listen attentively during the June 6 orientation for district leadership — "The Olympiad of Nursing Leadership — Go for the Gold!"

Pat Bryan, administrative assistant, registers district leaders for the Olympiad. The "coaches" and "trainers" were identified by the cap Pat is wearing.

Attention: self-employed and private duty nurses

When the NCNA Private Duty Section met at the October 1983 convention, only four members were present. A meeting could not be held, and election of officers for the section could not take place. Private duty nurses lost their elected spokesman in the NCNA organizational structure at that time.

The Commission on Member Services invited private duty nurses to the March 1984 meeting for a discussion of their current concerns. Information gathered would be used to formulate recommendations to the Ad Hoc Committee on structure. The major question was: Do private duty nurses need a section?

Current data on place of employment of our members indicates a need for change in structure of sections. Recent membership statistics show that 57 NCNA members list themselves as self employed but not private duty; 46 as private duty; but 264 as "other". Concensus of the commission discussion was that a section is needed but that current designations determining eligibility for the section membership are inappropriate for today's work settings. More data is needed to pursue development of appropriate sections.

The Commission on Member Services is seeking reactions and input from nurses who fit the self-employed, private duty or agency-employed private duty designations. Please complete and return the following questionnaire.

Name: _____

Address: _____

1. Please indicate your current membership listing.
   Field/Place of employment _____ NCNA Section _____
2. Is the place of employment as above the best description of your practice area? _____
3. If you list place of employment as other or if your current description is not satisfactory, please list a description which you feel is more appropriate. _____
4. Do you attend a section meeting when you are at the NCNA Convention? _____
5. Have you ever served as a section officer? _____
6. Do you belong to other professional nursing organizations? _____
7. Are you employed _____ full time, _____ part time, _____ retired, _____ semiretired?
8. Do you feel NCNA has an avenue to voice concerns of your particular nursing group? _____
9. Do agency-employed private nurses have common concerns with independent private nurses? _____
10. Do self-employed nurses have common concerns with private duty nurses? _____
11. Would you support merger of self-employed and private duty nurses into a Self-Employed Nurse Section? _____

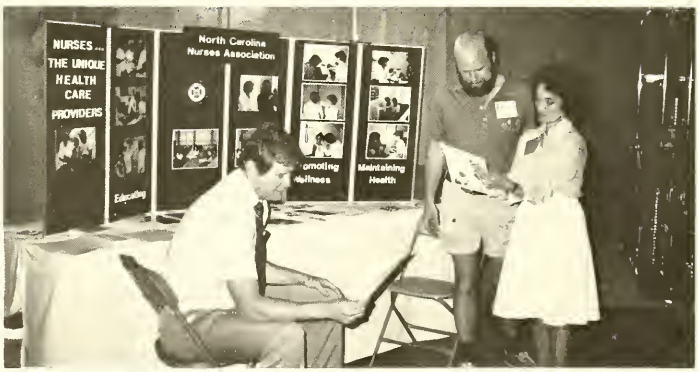
Return to: NCNA, P. O. Box 12025, Raleigh, N.C. 27605

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/Hour	Event
August 25, 10 a.m.	Conference Group Psych/Mental Health Nurse Specialists, Moses Cone Hospital, Greensboro
August 29, 10 a.m.	Membership Committee
August 30, 9 a.m.	Medical-Surgical Division Nurse of Year selection
September 3	Holiday, NCNA office closed
September 7, 10 a.m.	Executive Committee
September 8, 9 a.m.	Workshop on Third Party Reimbursement, UNC-Chapel Hill
September 12, 9 a.m.	Nursing Practice Administrators
September 12-14	ANA Board Meeting, Kansas City
September 13-14	Workshop on Costing Out Nursing Service, Holiday Inn-Airport, Greensboro
September 15, 9:30 a.m.	Federation of Nursing Organizations
September 17, 10 a.m.	Committee on Legislation
September 17, 10 a.m.	CERP Committee
September 19-22	Board of Nursing meeting, High Point Radisson
September 21, 10 a.m.	Public Relation Committee
September 27, 10 a.m.	Special Committee on the Impaired Nurse
September 28, 9 a.m.	Board of Directors
October 5, 10 a.m.	Executive Committee
October 11, 2 p.m.	Joint Practice Committee
October 19, 9 a.m.	Midwifery Joint Committee, Grove Park Inn, Asheville
October 19, 10 a.m.	Joint Subcommittee, Grove Park Inn, Asheville
October 23	Board of Directors, Grove Park Inn, Asheville
October 24, 9 a.m.	Council of District President's meeting, Grove Park Inn
October 24, 9 p.m.	Resolutions Committee meeting
October 24-27	NCNA Annual Convention, Grove Park Inn, Asheville
October 29	NCNA office CLOSED



Betty Pate, District Thirteen member, talks about nurses as health care providers to visitors at NCNA's booth at the "Wellness Institute". The event was held at Meredith College, June 17-22, sponsored by Wake AHEC. The NCNA exhibit was a project of the Public Relations Committee. Credit goes to Hazel Browning, associate executive director, for much of the work in producing this exhibit on "Nurses — the Unique Health Care Providers".

Salute!

A salute to our district associations and individual members wh contributed to the ANA delegate fund that made possible a $600 expense check to each delegate.

Districts contributed a total of $4,750. Individuals contributed $432. NCNA contributed the additional funds needed to cover total cost, including expenses of a convention "headquarters" and staff attendance.

EXECUTIVE DIRECTOR

North Carolina Board of Nursing is seeking applications of qualified candidates for the position of Executive Director.

Interested Applicants must have:

- Top management orientation, vision, communication skills and decision making abilities
- Results-oriented in outlook and approach
- Skilled in people relationships
- Knowledgeable of legislative process/legal and voluntary standards nursing practice

Qualifications:

- RN eligible for license in North Carolina
- Masters in nursing or related field (Degree in nursing preferred)—earned doctorate desirable
- Actively engaged in nursing or health related field for a minimum of five years prior to appointment in practice/education or administration
- Salary based upon experience and qualifications

Deadline for applications: August 31, 1984

All interested individuals contact:
R. Leigh Andrews,
Chairman, Search Committee
P.O. Box 1206 Manteo, NC 27954

DIRECTOR OF NURSING SERVICES II

Requires planning, developing, implementing, evaluating and modifying a nursing program of a student health service with a nursing service staff of 40. Potential adjunct faculty appointment with the School of Nursing. Graduation from a State accredited school of professional nursing and five years of experience to include three years of supervisory and administrative experience; or an equivalent combination of education and experience. Master's degree is highly desirable. Eligible for licensure as a Registered Nurse in North Carolina. Salary commensurate with experience. Apply with the University of North Carolina Personnel Department, Employment Division, 111 Pettigrew Hall, Chapel Hill, North Carolina 27514. Application deadline date is October 1, 1984. EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

Nurses to ballot soon on four nursing board members

Soon after mid-August registered nurses in the state will receive ballots for voting in the 1984 election of four registered nurses to the North Carolina Board of Nursing. The deadline for return of ballots is September 15.

A strong Board of Nursing is critical to the protection of the legal practice of nursing and to high standards of nursing education. Our system of *electing* board members by all licenses is unique in nursing in this country. Nurses in other states are looking at North Carolina to see how this new system works.

Every nurse has a responsibility in this election system—the responsibility of *voting*.

If you have moved since renewing your license, you should immediately send your new address to the Board of Nursing (P.O. Box 2129, Raleigh, NC 27602) in order to receive a ballot. (Every year hundreds of renewal applications are returned to the board office undelivered because of incorrect address.)

This year one RN will be elected in each of the following categories: RN educator, RN employed by a hospital, RN employed in a physician's office, RN employed in a long-term care facility. Terms will be for three years.

Following is a list of candidates whose names will appear on the ballot. Names in bold face type are NCNA members.

RN Hospital employee candidates:

Cynthia Cox Bussey, Greensboro
Jeffrey David Cox, Kannapolis
Conna Lynne Crusius, Canton
Linda R. Cuthrell, Advance
Jo Franklin, Salisbury
Sandra T. Franks, Goldsboro
Janie Brisson Grimes, Lumberton
Loretta Ward Jackson, Robersonville
Kay F. Jenkins, Wilmington
Nancy Carol Lau, Durham
Norma Jean Smith, Fayetteville
Elleton McCullough, Winston-Salem
Elaine Martin, Durham
Eva B. Smith, Hickory
Bernie Stewart, Durham
Susan A. Sutcliffe, Greenville

RN candidates who are employees of extended care facilities:

Carol Marie Morris, Charlotte
Julia Thomason Trogdon, Winston-Salem
Frances B. White, Carrboro
Marilyn G. Wood, High Point

RN candidates who are employees of a physician:

Janice Stafford McRorie, Charlotte

RN educator candidates:

Frances R. Eason, Rocky Mount
Margaret B. Holland, Winston-Salem
Gwendolyn C. Jones, Durham
Patricia A. Lawrence, Durham
Juanita L. Long, Durham
Eleanor L. McGinnis, Fayetteville
H. Lynn Mayo, Farmville
Eleanor C. Repp, Harrisburg
Beverly J. Smith, Durham
Rachel H. Stevens, Hillsborough
Nancy L. Tigar, Chapel Hill
Margaret Carlton Warren, Greensboro

Think Membership

1984 General Assembly

(from page 3)

524 from the 1983 session, provides that all agency rules will be repealed unless approved by the General Assembly by July 1, 1985.

We can believe that we have not heard the last of this! NCNA lobbyists will continue to track developments on this issue and will keep you informed.

UNC-CH Department of Public Health Nursing ... Believe it or not, there were a few other things that happened during the 1984 short session, through the lead of this article is, in itself, overwhleming. You may recall that one section of the local appropriations bill in the 1983 session placed a moratorium on plans to restructure the Department of Public Health Nursing in the School of Public Health at UNC-CH until June 30, 1985 or until a report with recommendations was presented to the General Assembly. Well, the report has been made. Most people, including many legislators, may not be aware of that since the "report to the General Assembly" consisted of two letters with an attached eight page report, one sent to the Speaker of the House and one to the Lieutenant Governor as President of the Senate. You may recall the brutal newspaper coverage Senator Wilma Woodard received about this issue after the close of the 1983 session. Well, Senator Woodard did not even know about the "report" until mid-June and, then she had to request a copy from the UNC lobbyist. By the way, the report is dated April 17, 1984. Senator Woodard requested of the UNC lobbyist that copies of the report be distributed to all members of the General Assembly. That did not happen.

The report basically outlines background information about the UNC-CH Department of Public Health Nursing and public health nursing education structures, the university's plan to establish a curriculum and the Board of Governor's recommendation to proceed with such.

The N. C. Conference Group of Public Health Nursing Supervisors, Directors and Consultants reaffirmed its belief that a Department of Public Health Nursing is the organizational structure needed, but was willing to negotiate with "the system" and requested that consideration be given to establishment of an advisory committee with the representation from the Conference Group fo facilitate the implementation of the curriculum. UNC-CH leaders even lobbied against that!

No further action was taken. Therefore, the way is cleared for restructuring and plans for the curriculum in public health nursing can proceed.

School Health Education Coordinators ... A Legislative Alert was mailed by NCNA to legislative contact nurses on June 21 requesting that nurses contact their representatives in support of HB 1592 which would appropriate funds for 16 additional health coordinators in public schools. Monies were appropriated in HB 1376 for statewide projects, and $485,559 was included in this bill for the 16 additional health coordinators. This will continue to strengthen the health education program in public schools. Your response to the legislative alert was significant and appreciated. It is comforting to a lobbyist to hear a legislator say, "I've already heard from my nurse constituents on that issue."

Hospice Licensure Act ... House Bill 370 was a holdover from the 1983 long session, since it had passed the House by the close of that session. That made it eligible for consideration on the Senate side in the "budget" session. The act was ratified on June 28 and provides for licensing and regulation of hospices for the purpose of providing care, treatment, health, safety, welfare, and comfort of hospice patients. Hospice patients are defined as a patient diagnosed as terminally ill by a physician, who the physician anticipates to have a life expectancy of weeks or months, generally not to exceed 6 months, and who has voluntarily requested and been accepted into a licensed hospice program. There is a sunset provision in the bill making it effective from November 1, 1984 through June 30, 1987. This sunset provision is included to allow time for continued study and consideration of a comprehensive in-home licensing concept.

Medical Cost Containment Commission ... Funds were appropriated to allow continuation of the Legislative Study Commission on Medical Cost Containment. NCNA will continue to monitor this commission's activities.

Proposed amendments to bylaws

CURRENT BYLAWS

ARTICLE IV. HOUSE OF DELEGATES

Section 2. Apportionment

a. Each constituent association shall be entitled to one delegate for every 15 members. The constituent association shall so structure its ballot that its elected delegates, insofar as possible, shall proportionately represent the identified interests of the members. Any constituent association with fewer than 15 members shall be entitled to one delegate. Each constituent association shall also be entitled to one delegate-at-large. Delegates and alternates shall be elected for two year terms.

b. Delegate representation shall be computed on the basis of membership in the constituent association on December 31 preceding a regular meeting of the House of Delegates.

c. All delegates shall be elected by ballot.

ARTICLE XII. STANDING COMMITTEES

Section 2. Terms

The following standing committees shall be appointed within three months after each odd year convention to serve until their respective successors are appointed:

Bylaws
Continuing Education Review Program
Convention Program
Finance
Headquarters
Legislation
Membership
Resolutions

PROPOSED AMENDMENTS

ARTICLE IV. HOUSE OF DELEGATES

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b. no change.

c. All delegates shall be elected annually by ballot.

ARTICLE XII. STANDING COMMITTEES

Section 2. Terms

The following standing committees shall be appointed within three months after each odd-year convention to serve until their respective successors are appointed:

Bylaws
Continuing Education Review Program
Convention Program
Finance
Headquarters
Human Rights
Legislation
Membership
Resolutions

Section 8. Committee on Human Rights

The Committee on Human Rights shall consist of no fewer than five (5) persons representative of multi-ethnic groups. This committee shall:

a. Devise and recommend strategies to achieve equity within NCNA according to Article 1. Section 2.b. of these bylaws.
b. Support equal employment opportunities in nursing for minority persons.
c. Assist nurses to practice effectively in a multi-ethnic society by promoting cultural awareness among North Carolina nurses.
d. Promote equity in terms of availability and accessibility to health and nursing care to underserved populations.

(Renumber subsequent sections)

RATIONALE

Deletes reference to two (2) year terms. When representation is computed annually elections must be held annually.

Brings election process into compliance with apportionment process.

Makes Committee on Human Rights a standing committee.

Allows for composition and functions of the committee to be spelled out in these bylaws. Assures that a major commitment of the Association will be carried out by stating expectations of the Association's highest authority—the House of Delegates.

NCNA membership benefit

BUY YOUR NEW VEHICLES AT FLEET SALES COST

- Eliminate new vehicle negotiating
- Save significantly
- Forward inquiry form below
- Order vehicle of your choice
- (6) to (8) week Mfr. cycle
- No hidden costs

- If you wish to **AVOID** capital commitment you may **LEASE** this same vehicle
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- **NEW DOMESTIC CARS, VANS, PICK-UPS & LIGHT TRUCKS**
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National Fleet Sales Corp.
The National Fleet Sales Corp. is a North Carolina corporation chartered for national sales coverage for the PLS Sales Corp. of Oregon. National Fleet Sales Corp. will purchase your vehicle for you. Delivery will normally be through a local dealer, usually less than 25 miles from the purchaser. Warranties and associated responsibilities are a function and obligation of the car manufacturer. The delivering dealer has the responsibility of providing such service, for which he is compensated by the manufacturer.

Vehicles of your choice
This program is restricted to domestic cars, vans, pick-ups, and light trucks. These vehicles are ordered on the factory and will be built to your exact specifications. You must be very specific when selecting options. Vehicle changes may be processed until the order has been factory preferenced for production. Thereafter purchaser is bound in all respects.

Pricing policy
No hidden costs — no add-ons for advertising, no dealer preparation charges, no new accessory installations by the delivering dealer. Any factory rebates or incentive program savings provided through the dealer crganization will be passed on to purchaser.

Compare prices
Select the vehicle of your choice and specific options you want. Get a price quote from your local dealer. Then send the Inquiry Form below to NCNA. National Fleet Sales Corp. will respond to you directly with the NFSC price quote. You can then purchase through NFSC at significant savings.

Inquiry Form

Return to:
NCNA, P. O. Box 12025
Raleigh, NC 27605

purchase ( ) or lease ( ) (please check)

Name Address Phone

Vehicle(s) of your choice

Options desired: _____

(This is not an offer to buy. It is a request for a price quote from National Fleet Sales Corp.)

EXECUTIVE DIRECTOR HOSPICE AT GREENSBORO, INC.

A joint venture by the Moses H. Cone Memorial Hospital, a 533-bed, not-for-profit community hospital, and Hospice at Greenboro, Inc., has created a full-time opening for an assertive, creative, knowledgeable individual to act as Executive Director of the Hospice Program.

Incumbent shall be responsible for fund raising, planning, implementing, directing and evaluating the effectiveness of all programs and activities of the Hospice Program, designed to assure continuity of care and a high quality of services.

Qualified candidates shall possess a Master's Degree in Nursing, Social Work or a closely related human services field. 5 years of progressively responsible experience in business related activities is required.

Resumes will be accepted until September 15, 1984 and should be forwarded to:

Virginia Stephens
Chairman
Search Committee

HOSPICE AT GREENBORO, INC.
P.O. Box 3508,
Greensboro, N.C. 27402

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MARILYN G. WOOD, RN

CANDIDATE FOR

A Position on the N.C. Board of Nursing Representing Skilled Nursing & Intermediate Care Facilities

I am genuinely interested and concerned about the future of the nursing profession. For the last thirteen years I have dedicated my efforts to improving and enhancing the quality of care delivered by nurses in the long term care setting. I am convinced that as nurses, it is our responsibility to use our expertise and influence in all areas of health care through a strong and dedicated Board of Nursing. For these reasons I am seeking a position on the Board representing skilled nursing and intermediate care facilities. I would appreciate your support and welcome your suggestions.

—Advertisement—

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American Red Cross

NORTH CAROLINA NURSES ASSOCIATION
P O Box 12025
Raleigh North Carolina 27605

Vol. 46, No. 4 **July-August 1984**

Official Publication of the North Carolina Nurses Association, 103 Enterprise St, Raleigh, N.C. Tel (919) 821-4250 Published 6 times a year. Subscription price $12 per year, included with membership dues Indexed in *Cumulative Index to Nursing and Allied Health Literature* and available in MICROFORM, University Microfilms International.

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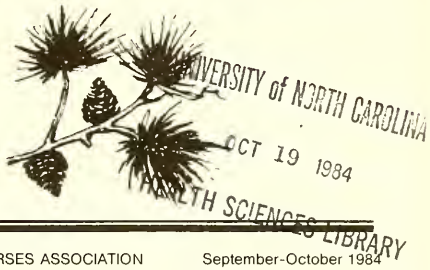

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Vol. 46, No. 5 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION September-October 1984

Nurse PAC announces endorsement of 73 candidates

Nurse PAC, the political action committee of NCNA, recently released its list of candidate endorsements for the November general election. Jo Franklin, chairman of Nurse PAC, announced that those endorsement decisions were made after extensive study of candidate questionnaire responses, district and individual nurse input, and, in the case of incumbents, the voting records on health care issues.

Forty-seven candidates for seats in the House of Representatives, 20 Senate candidates and seven candidates for Council of State offices were endorsed, making a total of 74 Nurse PAC political endorsements going into the November election.

In addition, monetary contributions have been made to 22 candidates with a total of $3,000 dollars being contributed thus far. Contributions ranged from $100 to $500.

A list of Nurse-PAC endorsements, including those released prior to the primary election, appears below. Nurse PAC encourages nurses to get acquainted with these candidates, help in their campaigns, if possible, and give them a supporting vote in November. Nurse PAC points out that these are the candidates who have been determined most likely to support the nursing perspective of health care issues. (Note: * indicates incumbent.)

Council of State Endorsements:

Governor ..... Rufus Edmiston (Dem.)
Lieutenant Governor ..... Bob Jordan (Dem.)
State Auditor ..... Ed Renfrow (Dem.)*
Attorney General ..... Lacy Thornburg (Dem.)
Commissioner of Insurance ..... Jim Long (Dem.)
Commissioner of Labor ..... John Brooks (Dem.)*
Secretary of State ..... Thad Eure (Dem.)*

(continued on page 11)

In this issue . . .

Proposed resolutions for the 1984 House of Delegates agenda are printed in this issue. Be sure to bring this issue and the July-August issue containing proposed amendments to the bylaws to the convention.

Welcome, new RNs!

A complimentary copy of the *Tar Heel Nurse* is being mailed to each newly licensed registered nurse. New RNs are urged to turn to page 4 for a special message from NCNA.

More than 100 nurses attended an invitational conference on September 8 in Chapel Hill for an in-depth study of the direct third-party reimbursement issue. The conference also focused on political action and lobbying strategies in support of direct third-party reimbursement. The conference was sponsored by NCNA in cooperation with UNC-CH School of Nursing. In the center, Gale Touger, chairman of NCNA's Subcommittee on Third-Party Reimbursement, gives an update on the status of reimbursement legislation. At right, Audrey Booth, associate dean, UNC-CH of Nursing, speaks to the group as Frankie Miller awaits her turn to discuss lobbying strategies.

Message from the President

Judith B. Seamon

This is a call to nurses for two priority fall events—the upcoming election and, prior to the election, the NCNA Convention.

Our participation in the election must go beyond the essentials of registering to vote and voting. We must be willing to offer our services to help people who otherwise could not get to the polls due to the lack of transportation, and or the need for some assistance. This can be done effectively by contacting your county party headquarters and offering your assistance. *Be sure to identify yourself as a registered nurse!*

Admittedly, this will require prior scheduling and an investment of time and energy, but it would be a wise investment in your professional future.

Before the election, come join us in Asheville and be among the "Brave Nurses in a New World!"

It will be a very special experience. One of the real benefits of being a member of your professional association is the opportunity for building colleagial relationships. The convention provides the perfect opportunity. In addition, hearing from and talking with outstanding leaders in nursing and health care and gaining firsthand knowledge of professional and health care issues is a special oportunity and one you won't want to miss!

Finally, one of the most important and compelling activities is the House of Delegates, which provides the opportunity for nurses to affect the course of their profession and professional association.

Decide now to be a vital part of the election and your convention—truly two critical opportunities for "Brave Nurses in a New World."

"Happy Feet"! That's what Frankie Miller has these days. Since her hip was broken in a fall last April, she has progressed from "no weight bearing" to a walker and, more recently, to a cane. She's back to NCNA headquarters now and navigates quite well with the help of a cane. For those of you who like to "crack the whip," ask Frankie about the versatility of a cane! She's found it quite helpful in getting the office back in shape. Frankie says that having received an honorary nurse award from ECU School of Nursing last May, she's even more appreciative of what good nursing care is all about—we literally nursed her back to health!

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/Hour	Event
October 11, 2 p.m.	Joint Practice Committee
October 12, 1 p.m.	Headquarters Committee
October 19, 9 a.m.	Midwifery Joint Committee, Grove Park Inn, Asheville
October 19, 10 a.m.	Joint Subcommittee, Grove Park Inn, Asheville
October 23, 11 a.m.	NCNA Board of Directors, Grove Park Inn, Asheville
October 24, 9 a.m.	Council of District President's meeting, Grove Park Inn, Asheville
October 24, 9 p.m.	Resolutions Committee meeting
October 24-27	NCNA Annual Convention, Grove Park Inn, Asheville
October 29	NCNA Office Closed
November 2, 10 a.m.	Executive Committee
November 10, 10 a.m.	Conference Group of Specialists in Psychiatric-Mental Health Nursing, Winston Plaza, Winston-Salem
November 12, 10 a.m.	Special Committee on the Impaired Nurse
November 14, 10 a.m.	Commission on Member Services
November 15, 10 a.m.	Ad Hoc Committee on Structure
November 16, 9 a.m.	Board of Directors
November 27, 8:30 a.m.	Committee on Legislation
November 28, 9 a.m.	Nursing Service Administrators Section
November 29, 3 p.m.	Medical-Surgical Nursing Division
November 30, 10 a.m.	Executive Committee

ANA Board announces candidate endorsement

NCNA has received the following announcement from the ANA Board of Directors:

The American Nurses' Asssociation Board of Directors at its September 13-15, 1984, meeting took action to endorse the Mondale/Ferraro ticket in the upcoming election. The ANA Board of Directors carefully considered the action of the 1984 House of Delegates. The decision to endorse at this time was based on: (1) an evaluation of the policies of the current administration and the threat they pose to health care delivery; (2) Vice-President Mondale's selection of Geraldine Ferraro, a recipient of the ANA National Nurses Day Award, as his running mate and as the first woman to run for national office on a major party ticket; and (3) the sharp difference between the candidates on issues directly related to the National Nursing Agenda.

Buyers uninformed on insurance benefit

NCNA has communicated to Insurance Commissioner John Ingram concern about companies and their agents continuing to sell hospital insurance with the claim that it will pay for private duty nurses without explaining the restrictive conditions that must be met for the insured to be reimbursed for private nursing care.

The communication resulted from action of the Commission on Member Services and representatives of private duty nurses in calling attention to the lack of understanding many people have about their hospitalization policies and the private duty nursing benefit.

In a letter to Commissioner Ingram, President Judy Seamon noted that an insurance policy that claims to provide private duty nursing care has great appeal, particularly to the elderly. However, the purchasers of the policies frequently are disappointed to learn at the time of illness that private duty nursing is reimbursable only when ordered by a physisian.

"The nursing needs of the patient is a *nursing* decision," the letter stated, "and should be made by qualified, responsible nurses." It further protested the marketing of health insurance with a private duty nursing benefit without adequate explanation to the purchaser as to the conditions and limitations placed by insurance companies on utilization of the benefit.

EDITORIAL

Frances N. Miller
Executive Director

The federation is alive and well!

Ever since the June 1982 convention of the American Nurses' Association we talked about being in a transition. Everything that wasn't clear, that gave us discomfort, that made us work harder at understanding the roles of ANA and its constituencies was because "we're in a transition to a modified federation structure."

To tell the truth, many of us still are not certain or don't totally agree on what a modified federation is. We do agree that nursing must have a strong national organization and strong state nurses associations. Those who led the effort to adopt the modified federation model did so in the belief that the national organization would not grow stronger if the state associations were impotent in the legislative and political arenas and in policy-making circles of their states. National goals, standards, models, and positions on issues important to nurses, in most instances, are implemented at the state level.

State associations now are the members of ANA and must assume significant responsibility as the members. SNAs must have the courage to match that responsibility—courage to be risk-takers, to give leadership to nursing in their state, to accept a greater degree of responsibility for their own stability, solvency, and accountability. SNAs should not have to deal with every crisis by looking to ANA to prop them up.That only drains away ANA's energies from its national agenda.

Your NCNA president and executive director have just returned from attending an ANA Board of Directors meeting. The effort to function as a federation—to support the roles of the national organization and its member state nurses associations—was encouraging. There will still need to be role clarification, but SNA representatives and the ANA Board seem to be working hard toward the same objective—a strong ANA because its members are strong and because ANA is concentrating its efforts on those activities it does best.

NCNA gives support to new graduates

By Gale Johnston
Membership Chairman

On July 10, 1984, 1969 nervous nursing school graduates began their two-day licensure exam—and NCNA was there! At the Charlotte and Raleigh Civic Centers, the Raleigh Radisson Plaza, and N.C. State's McKimmon Center, NCNA members offered moral support, a kind ear and free soft drinks. A project of the Public Relations and Membership Committees, this activity was intended to demonstrate our concern and well-wishes for the graduates as they faced this all-important milestone. Although we don't know, perhaps we *did* positively affect the results—90% of the 1820 first-time writers passed!

Many thanks to the volunteers who made the event such a success: Pauline Mayo, Ruth Mauldin, Frances King, Debbie Hutchinson, Gale Johnston, Virginia Williams, Mitzi Holton, Betsy McLean, Ann Newman, Pam Rudisill, Jean Campbell, Iris Hutcheson, Estelle Fulp and Tina Fisher.

Jo Cothran, critical care coordinator at Randolph Hospital, was selected Nurse of the Year by District Thirty-One. Carol Coble, director of nurses who installed new officrs at the annual meeting of the district, admires the silver tray Jo received.

A message to all new graduates

Gale Johnston
NCNA Membership Chairman

Congratulations on your recent licensure as a Registered Nurse! You have reached your goal and now start your professional career. What does it hold in store for you? Personal satisfaction, clinical expertise, economic security? Hopefully—but what about political awareness, professional accountability, collegial relationships?

Just as you needed special education and guidance to prepare you for licensure, you now need the support and services of your professional organization. The North Carolina Nurses Association offers you continuing education; low group rates for professional liability insurance, *American Journal of Nursing* subscriptions and travel; professional publications; and regular information on local, state and national issues that affect *your* practice. In addition, NCNA members are a support group of those who have been through the socialization process you are just beginning.

Make NCNA membership one of your goals as a newly licensed professional. As a new graduate, you can start your career on the right track *and* save money, too. By joining NCNA within six months of graduation, you can save 50% off the regular yearly dues while enjoying 100% of membership benefits. Take the next step toward true professionalism—complete and mail the application below today!

North Carolina Nurses Association

Special application/dues rate for new graduates

Last Name/First Name Initial

Social Security Number

Street or P.O. Box

Home Phone

Additional Address if Needed

Work Phone

City & State

ZIP CODE

Employer Name

Employer Address, City, State & ZIP CODE

Basic School of Nursing:

Name

Graduation: Month & Year

R.N. License:

Number

State

Check Payment Plan

☐ Full Annual Payment — $57.50

☐ Installment Payment Plan — three payments annually with service fee in first installment (first payment, $22.66; 2nd/3rd payments, $19.17)

☐ Bank Card
Available for annual payment only

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MEMBER SIGNATURE

Payment Plan (continued)

☐ Electronic Dues Payment Plan
Read and sign the authorization and 1/12 of your annual dues will be withdrawn from your checking account each month

In order to provide for convenient monthly payments to American Nurses' Association, Inc. (ANA): (1) This is to authorize ANA to withdraw 1/12 of my annual dues from my checking account each month on or after (1st or 15th) day of each month (strike out one); (2) in the amount of $4.78; (3) which is designated and maintained as shown by the enclosed voided check (attach one voided check); (4) ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice; (5) the undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date as designated above.

Signature for EDPP authorization

To be completed by SNA/DNA

State _____ District _____

Expiration Date Mo. _____ Yr. _____

Approved by Date

Amount Enclosed _____

Make Check Payable to:
AMERICAN NURSES' ASSOCIATION

Mail application form and check to:

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025, Raleigh, N.C. 27605

Leisure activities a part of 1984 convention plan

The New World of Leisure Living will have a lot of goodies to offer our convention participants. As has been reported in previous issues of the *Tar Heel Nurse*, this year's convention planners have reserved one entire afternoon and evening on the convention schedule to be free of everything *except* leisure and enjoyment!

On Thursday, October 25, you will be able to choose from a variety of fun activities. Would you like to see the shoot out at Ghost Town in the Sky? How about visiting the Folkart Museum—that is a primary attraction in the area. A hike in the mountains or the rocking chairs overlooking the hazy Great Smoky Mountains? A drive on the Blue Ridge Parkway in October! Are you into barbecue and Bluegrass? The possibilities are staggering!

Probably the most renowned tourist attraction in Asheville is the Biltmore House and Gardens, a beautiful estate nestled into a mountainside only a few miles away from the Grove Park Inn. Friends from the Biltmore House tell us that they hope to have the new Biltmore Winery as a new addition to the estate tour by October. If so, a refreshing glass of Biltmore wine will be the finale of the tour.

Many of these events will require some scheduling. We will try for group rates on all events that necessitate a charge. Watch for more information to be available at the NCNA registration desks at the convention. You will need to *sign up* on Wednesday afternoon or early Thursday morning for most events, so be sure to keep your eyes peeled for the "Leisure Activity Center!"

One of our own members, Mable Carlyle, has been kind enough to arrange most of these activities. Mable has done a lot of work for us to be able to be re-created. She got into her task so much that she has written a thought-provoking philosophy about leisure. Her article appears on this page.

Special Convention events

1. **9:15 - 10 p.m., October 24 (Wednesday) Pitt County Memorial Hospital Nursing Services Dessert and Coffee**
2. **7 - 8 a.m., October 25 (Thursday) East Carolina University School of Nursing and Alumni Association Breakfast.**
3. **7 - 8 a.m., October 25 (Thursday) UNC-Chapel Hill School of Nursing Alumni Association Breakfast.**
4. **10:30 - 11:30 a.m., October 26 (Friday) Presbyterian Hospital School of Nursing Alumni Association Coffee Break.**
5. **12 noon - 2:00 p.m., October 26 (Friday) N.C. Council of Baccalaureate Deans and N.C. Nursing Service Directors in Academic Health Centers Luncheon.**

Brave Nurses Experiencing Leisure

By Mable S. Carlyle

Aristotle proclaimed, 2,300 years ago, the goal of education was to teach the wise use of leisure. I suppose that Aristotle would gasp to realize that leisure time and/or free time exists in the abundance that it does today. Also, I expect his respiratory distress would increase when he realized that the present ideas about the use of free time, and the need for play and meaning and value of leisure are little understood and promoted in a world that is dizzy from the rapid production of knowledge.

Cybernation and medical science have given modern man more free time than experienced at any other time in history. Leisure time is that time which is not filled with work. Leisure time, because of its subjective nature, is defined with difficulty. Leisure is akin to relaxation and play. Alexander Martin says, "Leisure is something that happens within you. It is not something that you do but something you become. During leisure you become receptive and open. Leisure is effortless and does not come within your conscious control. You do not go after it, leisure comes to you, but only when the inner and outer conditions of your life are favorable."

Most Americans have been reared according to the work ethic, which claims that free time is bad and leads to evil behaviors. Authorities on leisure say that play (leisure activities) is a supportive adjunct to work, education, growth and development and is a necessary and vital part of need fulfilling behavior. On the other hand, a deficiency in one's ability to play greatly impedes one's ability to cope with the complex situations in life (Gunn). Play provides opportunity for creating in a mechanized world. It is thought by some that the ability to play facilitates and enhances the ability to enjoy oneself in later life.

Work may no longer be the dominant part of life, but is separated out and may not interface at all with other parts of daily life. Work consumes less than half of man's waking hours. Stress and burn out are frequent descriptions of the modern worker, specifically the nurse.

Then leisure may be that time in which one is free to be himself, express in satisfying ways and foster relaxation. It is that time for re-creation. Ideally, we need a holistic approach to life where both work and leisure are fulfilling and satisfying.

The complexity of life will continue to increase. "Brave Nurses" in a new world will have increased needs for satisfying leisure time. Thus, from this philosophical stance, an afternoon on the convention schedule has been cleared to allow time for leisure (play, creativity or relaxing) activities.

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Proposed resolutions

I. Preserving the Statutorily Defined Boards of Health, Social Services, and Mental Health

Submitted by NCNA Committee on Legislation and Board of Directors

WHEREAS, Duly constituted statutory boards of health are the "policy-making, rule-making, and adjudicatory" bodies (GS 130A-35) for county or district health departments; and

WHEREAS, The composition of boards of health has been mandated (GS 130A-35) to include consumers and health professionals in order to protect and promote the public health; and

WHEREAS, Boards of health address and mediate issues that concern local pulbic health agencies and county commissioners; and

WHEREAS, Policy-making in public health requires a sophisticated level of professional expertise; and

WHEREAS, Local boards of health promulgate public health policy at the county/district level in concert with professional standards and requirements; and

WHEREAS, (GS 153A-77) allows county commissioners in counties with populations of at least 325,000 to assume the functions and authority of boards of health, social services and mental health, and there are persistent attempts to amend this statute to apply to additional counties; and

WHEREAS, Centralization of this function and authority by county commissioners potentially precludes input and expertise from professionals and consumers whose primary interest is to protect and promote the public health, therefore be it

RESOLVED, That the North Carolina Nurses Association oppose extension of the enabling legislation (GS 153A-77), and support its repeal; and be it further

RESOLVED, That all nurses in North Carolina be encouraged to contact their state legislators to inform and educate them about this issue and solicit legislative support to repeal GS 153A-77; and be it further

RESOLVED, That the North Carolina Nurses Association send copies of this resolution to members of the General Assembly; to the Governor of North Carolina; to the Commissions for Health Services, Mental Health, and Social Services, to the President of North Carolina Concerned Citizens for Public Health, Inc.; to the President and Legislative Chairman of the North Carolina Public Health Association; the North Carolina Medical Society, the North Carolina Pharmacy Association, the North Carolina Veterinary Medical Association, other concerned professional organizations; and RN members of County Boards of Health.

II. Baccalaureate Education for RN Graduates of Associate Degree and Diploma Schools of Nursing

Submitted by Commission on Education

WHEREAS, An increase in registered nurses holding baccalaureate and masters degrees in nursing is needed for continued development of the profession of nursing; and

WHEREAS, An increasing number of graduates of associate degree and diploma schools of nursing in North Carolina are interested in advancing their education; and

WHEREAS, Several colleges and universities that do not have nursing programs nor offer a nursing degree are successfully recruiting RN students into programs claimed to be planned for employed RNs; and

WHEREAS, Many RN graduates of associate degree and diploma programs are choosing these alternatives for a variety of personal reasons; unfortunately, this decision is sometimes based on inadequate information or misinformation; and

WHEREAS, Those RNs who believe they possess the nursing knowledge comparable to that learned in an accredited baccalaureate program in nursing can avail themselves of an external degree program that offers an NLN accredited BNS degree; therefore be it

RESOLVED, That NCNA, through its Commission on Education, continue to monitor the level of education nurses will need; and be it

RESOLVED, That NCNA continue to encourage the baccalaureate nursing programs in this state to become more aware of problems faced by RNs who desire a baccalaureate degree and work vigorously with these RNs in order that the best possible solution may be found; and be it further

RESOLVED, That NCNA continue to inform nurses and the public that an NLN accredited Bachelor of Science in Nursing Degree is a prerequisite for admission to most masters in nursing programs.

III. Commending North Carolina Nurses Who Responded to the Needs of N.C. Tornado Victims

Submitted by Commission on Member Services

WHEREAS, Tornado destruction in North Carolina in March and April of 1984 terrorized, killed, injured, and left homeless many victims; and

WHEREAS, The resulting disaster constituted an unexpected, wide-spread state of emergency; and

WHEREAS, North Carolina nurses responded willingly, spontaneously, and skillfully to help those in need; and

WHEREAS, This service was a reflection of their dedication to meeting the health, illness, and injury needs of North Carolina citizens; be it therefore

RESOLVED, That these nurses be commended for their ready, generous and valuable contribution of their professional skills in time of need.

IV. RN Work Assignments

Submitted by Commission on Member Services

WHEREAS, Professional nurses are individually licensed to practice nursing in accordance with the Nursing Practice Act of the State of North Carolina, and are legally responsible and professionally accountable for their practice; and

WHEREAS, The individual nurse has a professional responsibility to accept only those assignments for which she/he deems herself/himself adequately prepared and physically capable of carrying out; and

WHEREAS, Nurses require special education and experience to function safely in many client situations; and

WHEREAS, Rotating shifts without adequate recovery time between rotations and chronic, compulsory overtime reduce the effectiveness of the nurse and jeopardize the quality of care to the consumer; and

WHEREAS, Consumers have the right to expect that nurses will provide safe, patient/client care in accordance with practice and ethical standards outlined by the profession; therefore be it

RESOLVED, That the North Carolina Nurses Association supports

the individual nurse's right to accept only those assignments for which she/he is adequately prepared; and be it further

RESOLVED, That the North Carolina Nurses Association supports the individual nurse's right to refuse excessive demands for overtime or rotation of shifts without adequate recovery time; and be it further

RESOLVED, That the North Carolina Nurses Association develop and implement guidelines to assist nurses to distinguish between the issues of patient abandonment and the violation of their right to accept or reject an assignment and report its progress on this project to the 1985 House of Delegates.

Rationale for NCNA Resolution on the Nurse's Right to Refuse an Assignment

(Prepared by Commission on Member Services)

Social and economic conditions have led to chronic, unsafe staffing assignment patterns in some institutions, which create serious ethical dilemmas and potential legal entanglements for staff nurses and nursing administrators. Out of these conditions we are again hearing the old questions voiced with a new sense of urgency:

Is any nurse better than no nurse?

I've been a pediatric nurse for ten years. How do I safely care for this patient with an acute MI?

I'm so tired. What if I make a mistake? Who's responsible?

How can I be pulled to a totally unfamiliar unit as the only RN? If I go, it is presumed that the patients will receive better care than if no one went. But is that true, as unfamiliar as I am with this unit and this specialty? If I go and make a mistake, who is responsible?

*Am I really the **only** person in this institution who can be pulled? If so, how could they allow this to happen? How do I keep it from happening again?*

*Nurses know that the fulfillment of their responsibility to patients is contingent upon the availability of an adequate number of nurses who are able and qualified to carry out clinical activities at a level consistent with patient needs. All nurses share a responsibility within the context of their positions to ensure that safe nursing care is delivered at an acceptable level of quality. As stated in the **ANA Code for Nurses,** "The nurse exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities and delegating nursing activities to others." The nurse's decision regarding work assignments is based on his/her moral and professional obligation to assume individual responsibility for his/her nursing judgment and action.*

Central issues which underlie these ethical dilemmas are the right of the patient to receive safe professional nursing at an acceptable level of quality, and the responsible and appropriate utilization and distribution of nursing care services when nursing becomes a scarce resource. The staff nurse and nurse manager's interpretation and application of the underlying principles of professional ethics and the N.C. Nursing Practice Act may differ. These issues often create a potential for conflict in which both nurse and patient suffers. Clearly guidelines are needed to support both practitioners and administrators as they face these decisions. Such guidelines have already been developed by some other state nuring organizations. It is the postion of the NCNA Commission on Member Services that this resolution and recommended furture guidelines are needed for the support of professional nursing practice and should be developed and disseminated by this professional organization.

RESOURCES:

1. *ANA Code for Nurses with Interpretive Statements.*
2. *Massachusetts Nurses Association Position Statement on Mechanisms to Support Nurses' Abilities to Exercise Their Right to Accept of Reject an Assignment.*

MANUAL

"Laws Affecting North Carolina Nurses, 1984" is now available from NCNA

This 58-page spiral bound manual was developed by the faculty of the recent workshop, "Laws Affecting North Carolina Nurses." The participants of the workshops consistently commented on the quality and relevance of the manual to nursing practice. Topics included are "right to natural death," "nurses notes", "impaired nurses", "capital punishment", "abortion", "workplace injuries", and many more. To order copies please complete the order form and mail with your check or money order payable to NCNA at P.O. Box 12025, Raleigh, NC 27605.

ORDER FORM

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"Laws Affecting North Carolina Nurses"
@ $6.50 per copy.

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ADDRESS _____

_____

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03 NCNA 9/84

Know your staff

Some of you have talked to us by telephone and some of you have met us face-to-face. But there are still lots of members who do not know their staff nor which specific staff member to seek about particular programs and activities. While all staff strive to be as informed as possible, each staff member has primary responsibilities in specific areas.

Staff members are identified here with their areas of responsibility. We hope this information will aid in channeling inquiries and interests from members.

Frances N. Miller, executive director
Areas of responsibility: executive agent of the Board of Directors; administration and coordination of total program of work; fiscal accountability; management of headquarters building and property and headquarters staff; liaison with other organizations and agencies; editor of *Tar Heel Nurse*; publicity and media relations; economic and general welfare activities.
Structural units staffed: Board of Directors, Executive Committee, Finance Committee, Nominating Committee, Bylaws Committee, Headquarters Committee, Committee on Human Rights, Public Relations Committee, Membership Committee, Commission on Member Services and sections (3), Ad Hoc Committee on Structure.

Hazel G. Browning, associate executive director
Areas of responsibility: nursing practice, legislation, political action, convention management.
Structural units staffed: Commission on Practice, practice divisions (5), conference groups (2), Joint Practice Committee, Committee on Resolutions, Committee on Legislation, Nurse-PAC, Special Committee on Impaired Nurse, Convention Program Committee.

Betty S. Godwin, assistant executive director
Areas of responsibility: education, including continuing education, workshop planning and management, district program and leadership development.
Structural units staffed: Commission on Education, educational forums (4), CERP Committee, Special Committee on Workshops, Commission on Health Affairs, Council of District Presidents.

Patricia W. Bryan, administrative assistant
Areas of responsibility: records and reports of financial transactions, membership records, coordination of support staff, maintenance of equipment and supplies, convention and workshop registation, monitoring of district reports, general secretarial functions.

Lynn Jefferson, secretary/receptionist
Areas of responsibility: receiving of visitors and telephone calls, response to inquiries of general nature, directing inquiries to other staff as appropriate, file maintenance, general secretarial functions.

Frances Miller

Hazel Browning

Betty Godwin

Pat Bryan

Lynn Jefferson

JCAH standards open staff privileges to RNs

The Joint Commission on Accreditation of Hospitals (JCAH) Board of Commissioners recently approved revised "Medical Staff" standards to allow hospitals to open staff membership to licensed individuals other than physicians and dentists. This provision allows hospitals to grant admitting privileges to qualified nurses without the authorization of a physician.

The revised standards state that "at the option of the hospital, the staff may include other licensed individuals permitted by law and the hospital to provide patient care services independently."

Though the revised standards create the potential for major advancements in nursing, the new chapter further states that a majority of the medical staff executive committee must be physician members of the medical staff and that the executive committee is responsible for making recommendations to the governing body concerning at least the structure of the medical staff, mechanisms for reviewing credentials and delineating clinical privileges, and membership on the medical staff.

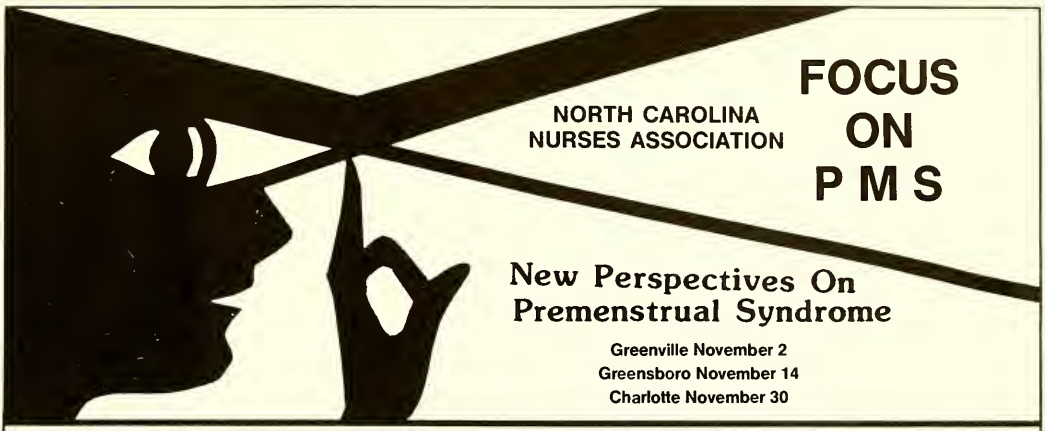
Furthermore, when nonphysician medical staff members are granted the privilege to admit, their patients must undergo a prompt medical evaluation by a qualified physician.

The JCAH began rewriting its standards in 1981 to reflect such changes in the health care environment as hospital diversification into new areas of patient services, the increased number and variety of practitioners providing health care services and the broadened scope of their practice, and the increased sentiment to encourage competition in health care.

Nursing and Health Care, June 1984

ADDRESS

***The mailing address for the N. C. Center for Laws Affecting Women, Inc. (subject of an article in the last issue of Tar Heel Nurse)* is 111 Brookstown Avenue, Winston-Salem 27101.**



Premenstrual Syndrome (PMS) is receiving a great deal of attention today from health care professionals and the public. Almost every woman has been made aware of PMS from television commercials marketing over-the-counter drugs that are effective for this problem. Ultimately, questions from women regarding PMS are on the increase. Nurses, too, have unanswered questions.

The NCNA Workshop Planning Committee will sponsor three workshops in November entitled, "Focus on PMS: New Perspectives on Premenstrual Syndrome." These workshops are designed to supply nurses with current information about PMS that will assist them in relaying correct information to their patients as well as making assessments for PMS. Workshop hours are 8:30 a.m. to 4 p.m.

The faculty for the workshops is an interdisciplinary team of health professionals who work together in the program, Piedmont Premenstrual Syndrome located in High Point. This team is coordinated by Sheila Cromer, R.N., F.P.N.P., M.S. Other team members include Dr. Carl. M. Hoffman, medical director; two psychologists, Dr. Laura L. Robinson and Dr. W. Thomas Thompson; Lynn Silverman, nutritionist; and Alice Vaughn, exercise therapist and yoga instructor. It is the philosophy of this health care team that PMS is not a disease. They recognize PMS as a very personal and individual experience resulting from hormonal fluctuations during a woman's menstrual cycle. The resulting symptoms differ and cause varying degrees of stress for many women and their families; therefore, each client receives individualized therapy designed to meet their special needs.

Upon completion of the workshops participants will have a clear understanding of PMS, and will be familiar with current trends and practices and how to assist women to cope with their situation. Use the registration form below to register for the program nearest to you. For more information please direct questions to Betty Godwin, NCNA, 919-821-4250.

Pre-registration Form

PREMENSTRUAL SYMDROME

Fees: $35 for members $45 for non-members

Name _____

Title _____

Address _____

_____

Employer/Position _____

_____

Telephone:

(Work) _____ (Home) _____

Check below to indicate workshop you plan to attend. NOTE REGISTRATION DEADLINES!!

Locations

November 2, 1984
Brody Medical Science Building Auditorium
Adjacent to Pitt Co. Memorial Hospital, Greenville, NC
Co-Sponsor: Eastern AHEC
Deadline: October 16, 1984

November 14, 1984
Ground Floor Auditorium
Room 0030-31
Moses Cone Hospital, Greensboro, NC
Co-Sponsor: Greensboro AHEC
Deadline: November 1, 1984

November 30, 1984
3rd. Floor Conference Room
AHEC Building
Charlotte Memorial Hospital and
Medical Center, Charlotte, NC
Co-Sponsor: Charlotte AHEC
Deadline: November 13, 1984

Make check payable and mail to:
NCNA, P. O. Box 12025
Raleigh, NC 27605

CREDIT 6.0 CERPs from N.C. Nurses Assn. 6.0 CEAPs from N.C. Licensed Practical Nurses Assn.

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

Here's a familiar scenario: In late August, the *News and Observer* published an article about the fact that teachers of "self-contained" classes (those in which "one teacher spends most of the day teaching the same group of students") are exempt from the certification rule which was adopted in May by the state Board of Education. The certification rule requires teachers to be certified in each subject they teach. Teachers are concerned about being assigned to teach subjects in which they are not well prepared. School administrators, on the other hand, maintain that it is unrealistic that teachers would be certified in each subject they teach. The assignment system in middle schools, claim administrators, involves certain "trade offs."

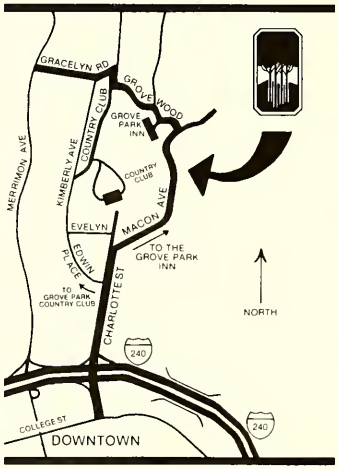
Professionals who work as employees in large systems often face conflicts of this type. Nurses, in today's tight economic health care climate, are struggling with similar issues. Recently a nurse working in a labor and delivery unit where admissions were slow was "temporarily reassigned" (for the remainder of her shift) to a medical chemotherapy unit. The nurse reported that she had tried to tell the supervisor that she was unfamiliar with the drug protocols, and was met with the "a nurse is a nurse is a nurse" response. Multiplied a hundred-fold, staff nurses and nursing administrators alike are constantly faced with dilemmas that force them to choose between administrative expectations and patient-safety imperatives.

Professional license, standards, and codes remind us of our accountability and our responsibility for professional judgement. Our employment settings often demand obedience and conformity to "practical" administrative decisions. Teachers, nurses, any professionals who are employed by people outside their field, face common concerns. For nurses, the situation is often more sudden as in the case of a float shift, and the consequences more dangerous, as in the situation of unfamiliarity with the prescribed regimen. And for nurses, risk of harm to the patient is a guiding concern.

The Massachusetts Nurses Association has passed a resolution on the right of the registered nurse to refuse a work assignment. The resolution was intended to stand behind nurses when they make the tough decision about not taking on responsibilities for which they are unprepared, either physically or clinically. A similar resolution will come before the 1984 NCNA House of Delegates. Resolutions of this type don't by themselves solve the problems they address. They do provide an important first step in offering support to nurses who face these agonizing pressures. With each additional step we will come closer to the goal of respect for our professional judgements. Each milestone will bring us nearer to putting an end to inappropriate assignment practices and dangerous patient care ratios. This is how we will pave the way to providing a measure of security for the helpless patients who place their lives and their safety in our keeping.

Travel directions to Grove Park Inn

Take Interstate 240 to Charlotte Street exit (5B). Go north on Charlotte Street 0.5 of a mile. Turn right on Macon Avenue and go 0.8 of a mile up the hill. The entrance to the Main Inn is on your left.



I LIKE CALLING NORTH CAROLINA HOME

ABOUT PEOPLE

Estelle Fulp, chief nurse, Division of Health Services, N.C. Department of Human Resources, was honored by the Southern Health Association in June as recipient of the Ficquett-Holley Award for nurses involved in continuing education activities. She was cited for establishing a supervisory training program for public health nurses and nursing directors. The award is given partially in memory of Elizabeth Holley, former chief nurse, a past president of the Southern Health Association, a former vice-president of NCNA.... **Laurice Ferris,** director of continuing education at UNC-CH School of Nursing, served a four-week internship last summer in Washington, D.C., with the Health Care Financing Administration. She attended meetings with HCFA administrators and participated in bureau activities and news conferences. She met with staff members to learn about their work in management and budgeting, quality control, eligibility, reimbursement, research and development, and legislative proposals before Congress. She also attended Senate and house hearings.

'Spouse' tickets

"Spouse" tickets are available for the two evening dinner sessions during the convention. Tickets for the keynote address session (10/24/84) are on sale for $22, and reservations must be made by October 19, 1984. The closing session will occur on October 26, 1984; tickets for this dinner are available for $28. Reservations must be made by October 23, 1984.

POSITION AVAILABLE
ASSISTANT DIRECTOR
FOR NURSING EDUCATION

Applications invited for Eastern Area Health Education Center (EAHEC): East Carolina University, Greenville, North Carolina. Primary responsibility is to assist in coordination and provision of continuing education activities in a 23 county geographic region. Minimum requirements: M.S.N. degree. At least three years of teaching and clinical experience. Salary negotiable. Current references must be provided on request. Applications accepted until November 1, 1984. Send curriculum vitae to Al Guthrie, Deputy Director, Eastern Area Health Education Center, P.O. Box 7224, Greenville, North Carolina 27835. "AA/EEO".

ACTIONS OF THE BOARD

The Board of Directors at a meeting on July 20, 1984, took the following actions:

- Authorized staff to establish a price for sale of the NCNA membership list that covers expenses and provides a reasonable profit.
- Accepted the 1983 auditor's report.
- Accepted a recommendation of the Bylaws Committee to refer to the Ad Hoc Committee on Structure a request to make the Workshop Planning Committee a standing committee.
- Accepted a recommendation from Headquarters Committee for a revision of the staff salary plan as a concept so this committee can proceed with their work.
- Accepted proposed bylaws amendments as presented by the Bylaws Committee.
- Approved a brochure developed by the Membership Committee and directed that dues amounts and a request for application be included on the brochure.
- Directed that staff devise a way to include current dues and NCNA's address on current membership form supplied by ANA.
- Approved the appointment of Marie Belk as a member of the Membership Committee.
- Approved recommendation that letters go to all nurse members of the Joint Practice Committee whose terms conclude in 1984 requesting them to serve until December 31, 1984.
- Approved plans presented for the Spring 1985 C.E. program.
- Declined to involve NCNA in the Loan Program available through Trans National Financial Services.
- Voted to donate the unused balance of an NCNA contribution to the American Nurses' Association of $20.27 to the general fund of the American Nurses' Foundation.
- Declined to participate as a sponsor in a conference on "Starting and Operating a Small Business" with the North Carolina Chapter of the National Association of Women Business Owners.
- Voted to join the N.C. Children's Network and to request the Maternal-Child Health Division to select a representative.
- Voted that a letter be sent to Governor Hunt endorsing Margaret Sharpe's appointment to the Court judgeship in 21st Judicial District.
- Recommended Lue Anne McSwain for appointment to the Advisory Committee on Continuing Education for Public Health Nurses.
- Voted to become a member of the N.C. Center for Laws Affecting Women.

Actions of the Board at the meeting on August 17, 1984:

- Voted to recommend to the 1984 House of Delegates that the Ad Hoc Committee on Entry into Practice be dissolved and that further work on the entry into practice issue be handled by the Commission on Education.
- Appointed Joanne Deans-Hums, Joan Mackie and Sarah Pike Brown to the Joint Practice Committee and selected additional members for appointment in 1985.
- Appointed Deborah Kennington Johnston and Hettie Garland as co-chairmen of the Special Committee on the Impaired Nurse and reappointed Carolyn Billings as a committee member.
- Voted to submit Sheila Englebardt's name to the ANA Board of Directors for appointment to the Task Force on Nursing Information Access and Utilization.
- Voted to submit the additional names to the ANA Board for appointments to other committees in December 1984, pending their agreement to serve.
- Received a report from the Committee on Resolutions to be presented to the 1984 House of Delegates.
- Selected several fund-raising projects for the 1984 convention and two long-range revenue producing projects to be explored further.

The Executive Committee reported to the Board the following actions taken at a meeting on August 9, 1984:

- Ratified referendum approval of use of the NCNA membership list for mailing of Hunt campaign material.
- Noted a series of conferences being planned by the Program on Access to Health Care about draft competencies for hospital nurses and identified members who will be requested to attend the conferences for feedback to NCNA.
- Authorized ANA to sell the NCNA membership list or segments of the list for one-time use for purposes stated in ANA'S current policy.
- Identified members to suggest to ANA for committee appointments.

Nurse PAC endorsements

(continued from page 1)

N. C. House of Representatives Endorsements

District	Candidate	Party
3	Gerald Anderson*	Democrat
4	Bruce Ethridge*	Democrat
7	Frank Ballance*	Democrat
9	Walter Jones*	Democrat
13	Alex Hall	Democrat
13	Harry Payne*	Democrat
16	Sidney Locks*	Democrat
20	Barney Woodard*	Democrat
21	Dan Blue*	Democrat
22	William Watkins*	Democrat
22	John Church*	Democrat
23	Mickey Michaux	Democrat
24	Anne Barnes*	Democrat
24	Joe Hackney*	Democrat
25	Bertha Holt*	Democrat
25	Fred Bowman	Democrat
27	Mary Seymour*	Democrat
27	Margaret Kessee-Forrester*	Republican
27	Ralph Edwards	Democrat
28	Mary Jarrell*	Democrat
29	Mike Decker	Republican
34	Betty Thomas*	Democrat
35	Charlotte Gardner	Republican
36	Jim Black*	Democrat
37	Charles Cromer	Republican
37	Betsy Cochrane*	Republican
39	Margaret Tennille*	Democrat
40	Pinky Hayden*	Democrat
42	J. P. Huskins*	Democrat
43	Frances Murdock	Democrat
44	Sam Beam*	Democrat
44	David Bumgardner*	Democrat
44	Johnathan Rhyne	Republican
48	Dennis Ligon	Republican
51	Marie Colton*	Democrat
53	Jeff Enloe*	Democrat
55	Louise Brennan*	Democrat
56	Jo Graham Foster*	Democrat
57	Roy Spoon*	Republican
58	Ruth Easterling*	Democrat
61	Casper Holroyd	Democrat
62	J. Ray Sparrow*	Democrat
63	Margaret Stamey*	Democrat
64	Betty Wiser	Democrat
66	Annie Kennedy*	Democrat
68	Paul Pulley*	Democrat
69	George Miller*	Democrat

N. C. Senate endorsements

District	Candidate	Party
3	Joe Thomas*	Democrat
7	Chip Wright*	Republican
8	Henson Barnes*	Democrat
9	Tom Taft	Democrat
12	Lura Tally*	Democrat
14	Joe Johnson*	Democrat
14	Wilma Woodard*	Democrat
14	Bill Staton*	Democrat
16	Wanda Hunt*	Democrat
16	Russell Walker*	Democrat
19	Elton Edwards*	Democrat
22	Cecil Jenkins*	Democrat
25	Ollie Harris*	Democrat
25	Helen Marvin*	Democrat
25	Marshall Rauch*	Democrat
28	Robert Swain*	Democrat
31	Bill Martin*	Democrat
32	Rachel Gray*	Democrat
34	Craig Lawing*	Democrat
35	Parks Helms	Democrat

**Note: House District 8 is still in a redistricting process. PAC plans to announce endorsement of Jeanne Fenner (D) when redistricting is complete. Rep. Fenner is an incumbent

Nurse PAC fundraisers promise fun, excitement!

Buy a ticket and be sure the ticket stub gets in the big Nurse PAC raffle box at convention!

Yes, Nurse PAC has planned a super raffle with three great prizes. Tickets are on sale now for $15 each from Nurse PAC contributors, district presidents and from NCNA headquarters. We'll have lots of extra tickets available at convention, too—just stop by the Nurse PAC booth in the exhibit area or see a Nurse PAC committee member.

The raffle winners will be drawn at the Nurse PAC Fundraiser prior to the convention award banquet on October 26, at the Grove Park Inn, Asheville. You do not have to be present to win. First prize is a 3-day, 2-night "Valentine Getaway" for two during Feburary, 1985. The getaway site is a beautiful 3-bedroom beachfront condominium in the Crystal Coast area of North Carolina. Imagine spending a relaxing sweetheart of a weekend with your "significant other" on the beach in February. Nice thought, huh?

Second prize is a beautifully framed cross stitch NCNA logo. That would make a nice knick-knack on any nurse's wall! And third prize is a case of tasty North Carolina wine. Buy a couple of tickets—you could just win the 1st and the 3rd prize and you could have a case of wine for your "Valentine Getaway!"

It is important to note that your contributions are TAX DEDUCTIBLE as political contributions. So make your plans today to get your ticket stub in the nurse PAC raffle box at convention!

That's not all! Nurse PAC has planned another exciting convention fundraiser ... a challenge. This event will occur following the Nurse PAC report in the House of Delegates. A challenge is exactly what it sounds like. For example, one nurse might pledge $10 to Nurse PAC and *challenge* all nurses from her place of employment to match that challenge. Or a district might pledge $150 (non-dues income) and *challenge* all neighboring districts to match that challenge. It's fun and has the potential to be a real money maker for Nurse PAC. That would be great because there are hopes that some additional monetary contributions can be made to nurse's political friends in the November election.

Don't be left out. *Bring your check books* to all House of Delegates sessions—these challenge contributions are *tax deductible*, too! Join in the fun and make your own plans for this event. Who is it that YOU want to challenge?

USPHS to survey National RN sample

About one in every 35 registered nurses can expect to receive a questionnaire soon after November 15 from the Public Health Service of the U.S. Department of Health and Human Services. The survey seeks current data on the registered nurse population and its educational and professional experiences.

Recognition by the U.S. Congress of change factors such as population mobility, changing roles of health care personnel, new techniques and technologies, and evolution of health care settings has mandated continued study of the characteristics, roles and demographics of registered nurses.

The sample is being selected from lists of currently licensed RNs provided by each State Board of Nursing. Sample nurses are encouraged to use this opportunity to help influence the future direction of the profession.

Think Membership

DUKE
SCHOOL OF
NURSING

GRADUATE PROGRAM
IN NURSING

The Master of Science in Nursing program at Duke University educates professional nurses for advanced practice in a clinical specialty or administration. Graduates will be expected to function as clinical specialists in tertiary care settings or as mid-level administrators in complex organizations and to use high technology support systems for information and patient services.

The areas of specialization are: CRITICAL CARE (adult/child), ONCOLOGY (adult/child) and ADMINISTRATION (nursing service). The curriculum design of 39 units minimum will be flexible to allow for part-time and full-time study during day and evening hours.

Admission requirements are: 1) Bachelor's degree with an upper division nursing major from a program accredited by the National League for Nursing. 2) Minimum of one year's experience in area relevant to projected course of study in a clinical specialty and three years of experience for administration. 3) Undergraduate grade point average of 3.0 on a 4.0 scale. 4) Satisfactory performance on the Graduate Record Examination. 5) Satisfactory completion of a course in descriptive and inferential statistics. 6) Eligibility to be licensed as a professional nurse in North Carolina. 7) Documentation of the acquisition of physical assessment knowledge and skills for those applicants choosing a clinical specialty. 8) Three references attesting to personal and professional qualifications. At lest two must be from former employers, faculty members or deans. 9) Personal interview. Other arrangements may be considered when distance is a factor.

Selection will be based on the applicant's qualifications, potential for professional growth and contribution to the profession and intellectual curiosity. Financial support is available. Students are chosen without regard to race, religion, sex or national origin. Applcations should be completed by March 1 for fall 1985 matriculation. For further information or an application please request to: Graduate Program, Duke University School of Nursing, Durham, NC, 27710, (919) 684-2402).

N.C. legislators share views on effectiveness of RN lobbying

By
Theresa G. Lawler
and
Cynthia Luke

That nurses need to become involved in the mainstream of public policy making on health care issues is undeniable. Political activism, however, has not been a traditional role of the nurse. Most of us well know why! Social re-education has been needed, therefore, to build skills in the political arena, and to suggest and then evaluate effective methods for working with the body politic.

For the past decade NCNA has been more heavily involved in both socializing its members and in working in the political system for the benefit of the profession as well as for the protection of the health care consumer. During the last two sessions of the General Assembly the fruits of those lobbying efforts have been especially sweet. How this activism influenced the legislators' views of nursing and nurses, however, was not clear. Certainly, the nursing presence was felt, but to what extent? What difference did we really make?

A study was conducted this year to gain insights into the attitudes and beliefs of the members of the North Carolina General Assembly concerning nursing. It specifically was designed as a follow-up to the 1983 legislative session in which active lobbying on nursing and health care issues took place. The investigation replicated the work of Cass & Sevick in Michigan (1982).

The concepts of power and professionalism were used as a conceptual framework. Barbara Steven's construct of professional power which is depicted by identity, utility, and visibility served as an operational basis. Data for this descriptive survey were collected by use of a questionnaire that measured the three variables inherent in power and perceptions on the status of health care. Questionaires were mailed to 170 legislators. The tool consisted of 74 items with a forced choice Likert type scale (a modification of Kalish's instrumentation).

Response rate was 36% yielding 58 usable returns. The sample was representative of the legislative population as regards to sex, elected office, party affiliation, tenure, and geographic residence.

Preventive health care

Findings on perceptions of health care showed that such groups as the poor, elderly, rural, innercity, and mentally ill were seen as underserved by the members of the House and Senate. Preventive health care was viewed as important and perhaps less costly than acute illness care. Democrats tended to perceive the status of health care as needing more improvement than did their Republican counterparts. Perceptions of the group generally showed substantial concern and sensitivity to the needs of their constituents.

Results on the identity of nursing pointed to a view of nurses as capable independent health care providers. Most legislators felt that the quality of nursing care delivered increased with the educational preparation of the nurse. The most important functional components of nursing were rated as health promotion, scientific knowledge, and prevention of illness.

Utility of nursing was described as broad-based. Specifically, most legislators claimed to support third party reimbursement for nursing services. Eighty-one percent asserted that they were satisfied with the quality of available nursing care. Supply factors, though, were judged to be generally in need of an increase. Furthermore, funding for nursing education was seen as important by 95% to maintain adequate manpower supplies.

High profile

The visibility of nursing had a surprisingly high profile as far as the legislators were concerned. Lobbying efforts were reported as frequent and effective on the part of nurses. In fact, compared to the Hospital Association, Medical Society, and Health Insurance companies, the NCNA spoke more efficaciously for nursing and health issues. Nurses were perceived as fairly active in grass-roots politics; however, their understanding and efficient use of the political process has some deficits. In other words, nurses in North Carolina have the potential for even more influence than they are currently wielding.

There were some significant but expected differences between Democrats and Republicans, Senate and House members, and location of regional home base. Comparisons which were made to the Michigan Study showed that North Carolina nurses are more active in the political arena and have great potential as health policy advocates. One clear evidence is that nurses are valued as professional members of the health care team.

It certainly seems that we can make a difference, we have made a difference, and that we should continue to be a strong voice in the political arena.

NCNA offers comments on State Medical Facilities Plan

NCNA has presented oral testimony and written comments on several aspects of the draft 1985 State Medical Facilities Plan.

On August 15, President Judy Seamon gave testimony on the long-term care chapter of the plan at a hearing held by the State Health Coordinating Council. Her testimony was prepared by the NCNA Division on Gerontological Nursing Practice. Written comments on other portions of the draft plan were filed later by the Commission on Health Affairs.

In her presentation, President Seamon warned that prospective reimbursement for hospitals will lead to increased utilization of home health services and that utilization of home health services must not be underprojected. She expressed NCNA's concern about the "lack of vision" in the chapter on long-term care. "Long-term care should in no way be limited to beds in nursing homes and home health services," she said. "There are many alternatives to be considered for providing long-term care. We would hope that future planning would allow for further development of these alternatives."

NCNA's written comments related to policies on cost-effective approaches, provision of health care services to the medically underserved, and assuring quality health care services. NCNA pointed out that there is ample documentation to support third-party reimbursement for nursing as a cost-effective approach to health care delivery. The written comments suggested alternatives to inpatient care, such as community nursing centers, community-based birthing centers, and adult day care centers for the elderly and handicapped.

Stronger criteria also were suggested in relation to certificate of need requirements for the development of home health services when decisions are made in competitive situations. NCNA felt that the choice should be weighted in favor of the agency "staffed by the greatest percentage of registered nurses."

NCNA also recommended the addition of family respite care centers as a community-based alternative to institutional care.

FNP CLASS

The next class of the FNP Program, Mountain Area Health Education Center, will begin on January 7, 1985. Call FNP Program (704)258-0881, for details about application deadlines and other information.

NCNA TALENT BANK

From time to time the Board of Directors must fill vacancies on NCNA committees. The Board also is requested to suggest or nominate representatives to various health care entities; as ANA appointees; or nominees for appointment to state boards, commissions, and advisory groups. To respond to these opportunities the Board needs to identify members who are interested and qualified to serve in these various capacities.

If you wish to be in the NCNA Talent Bank, please supply the following information. You may wish to attach a resume that you already have on hand.

Name _____ Home Phone _____

Address _____ Work Phone _____

School of Nursing Attended _____ Year Graduated _____

Post-Basic Education _____

_____

Employer _____ Title of Position _____

Prior Nursing Experience _____

_____

NCNA Interests (committees, projects, programs, etc.) _____

_____

Awards and Recogitions _____

Special Accomplishments _____ (i.e. writing a book on nursing) _____

_____

Special Interests or Abilities _____

_____

Background and Experience that Might be Relevant _____

_____

Additional Comments _____

_____

PLEASE MAIL TO NORTH CAROLINA NURSES ASSOCIATION, P.O. BOX 12025, RALEIGH, NC 27605

NEWS BRIEFS

• The *American Journal of Nursing Company* recently announced the election of new officers by its Board of Directors. They include: Ora L. Strickland, Chairman; Margaretta M. Styles, vice-chairman; Barbara Nichols, secretary. Ora L. Strickland, Ph.D., R.N., F.A.A.N., is a doctoral program evaluator and associate professor at the University of Maryland. Previously she was on the faculty of the University of North Carolina in Greensboro.

• "Practice, Politics, and Power," the second annual national conference sponsored by the Primary Care Nurse Practitioner Interest Group of the California Nurses Association, is scheduled November 2-3, 1984, in San Francisco. Contact Jo Ann Powell, RN, MS, California Nurses Association Region 12, (415) 821-7400.

• The "Third Southeastern Regional Nursing Diagnosis Conference" is scheduled November 16-17, 1984 at Hilton Head, S.C. Contact: Department of Continuing Education, College of Nursing, Clemson University, Clemson, SC, 29631. Phone: 803-656-3078. If interested inquire about membership for the Southern Regional Nursing Diagnosis Conference Group.

• "National Clinical Nursing Conference on Alzheimer's Disease," sponsored by the Clinical Center Nursing Department and National Institute on Aging, is scheduled for October 5, 1984 at Bethesda, MD. Contact Barbara Mooney, MSN, Continuing Education Specialist, Clinical Center Nursing Department, (301) 496-6012.

• Call for abstracts, the Third National Symposium on the Impaired Nurse, "Re-Entry—Professional Issues: Right and Obligation," May 1-4, 1985. Deadline for abstracts is December 1, 1984. Contact Rose Dilday, Professor Emerita, Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Ga 30322.

• "The Economics of Health Care and Nursing," the 12th Annual Scientific Session of the American Academy of Nursing will be held December 10, 1984, at the Westin Peachtree Plaza Hotel in Atlanta, Georgia. Lucille A. Joel, EdD, RN, FAAN, associate dean of clinical affairs at Rutgers University College of Nursing in Newark, New Jersey, will begin the session with her keynote address, "The Economics of Health Care: Trends and Problems." For more information write to the American Academy of Nursing, 2420 Pershing Road, Kansas City, Missouri, 64108.

• The Society of Behavioral Medicine will hold its 6th Annual Meeting at the New Orleans Marriott from March 27-30, 1985. The theme will be "Behavioral Medicine Across the Life Cycle." Contact: The Society of Behavioral Medicine, P.O. Box 8530, University Station, Knoxville, TN 37996, 615/974-5164.

• Discovery International's Nurse Theorist Conference is scheduled May 15-17, 1985 in Pittsburgh. Presenters include Martha E. Rogers, Imogene M. King, Dorothy Orem, Rosemarie Rizzo Parse, and Callister Roy. Contact; Discovery International, Inc., P.O. Box 633, Pittsburgh, PA, 15230 (412)391-8471.

• "Long Term Care and Gerontological nursing in Israel," a workshop scheduled June 10-27, 1985, sponsored by the Oregon Health Sciences University School of Nursing, will offer participants a unique opportunity to travel to Israel, learn, and visit the ICN. Contact: Maureen Whitman, M.N., Director of Continuing Education, Oregon Health Sciences University, School of Nursing, Continuing Education, 3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201.

• The 1979 edition of *The Obstetric-Gynecologic Nurse Practitioner: Role Definition, Role Description and Educational Guidelines* has been revised by NAACOG and the American College of Obstetricians and Gynecologists. The new 1984 document clearly defines and describes the role of the obstetric-gynecologic nurse practitioner as a member of the health-care team. To order a copy of this document write to Publications, NAACOG, 600 Maryland Ave., SW, Suite 200 East, Washington, D.C. 20024.

• The National Easter Seal Society has just produced two mini catalogs of low-cost or free publications concerning disabilities and rehabilitation. These two catalogs, "Publications for Parents and Families" (A-316) and "Publications for Persons Who Have Disabilities and Their Families"(A-317) are available from the National Easter Seal Society, 2023 W. Ogden Ave., Chicago, IL, 60612.

• An all-day seminar, "Helping People Cope With Grief," for professionals and trained volunteers who work with grieving persons will be held on November 7, 1984, at Moses H. Cone Memorial Hospital AHEC, 8 a.m.—4 p.m. Major speaker will be Phyllis R. Silverman, faculty member of the Institute of Health Professionals, Massachusetts General Hospital. She developed the concept of widow-to-widow programs. The workshop is sponsored by a variety of community agencies. Workshop titles include personal death awareness, anticipating grief in chronic/terminal illness, how to communicate bad news, helping children handle their grief, and decisions families must make when a death occurs and how to help them. Contact Harry G. Long, Department of Chaplaincy Service, Moses H. Cone Memorial Hospital, 9919) 379-3950.

• Southern Council on Collegiate Education for nursing announces two new publications, *Implications of Research for Nursing Practice, Education, and Policy Making*, and *Computer Technology and Nursing Eduction*. The cost is $5.00/copy and may be ordered from: Southern Regional Education Board, 1340 Spring Street, N.W., Atlanta, GA 30309.

• The following publications are now available from Publications Orders, ANA, 2420 Pershing Road, Kansas City, Missouri 64108:

Obtaining Third-Party Reimbursement: A Nurses Guide to Methods and Strategies, $9.00 (Pub. n. NS-29)

Nursing Research and Policy Formation: The Case of Prospective Payment, $10.00 (Pub. No. G-164)

Prescribing Privileges for Nurses: A Review of Current Law, $5.00 (Pub. No. D-80)

Standards for Continuing Education in Nursing revised edition, $2.50 (Pub. No. OE-8)

Addictions and Psychological Dysfunctions in Nursing: The Professions' Response to the problem, $12.50, (Publ.No. PM H-6)

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October — SIDS awareness

October is National SIDS Awareness Month, with many activities and programs promoting SIDS aware-ness! Nurses, particularly those in obstetrics, pediatrics or critical care areas, confront this infant health issue frequently. You may wish to review the latest medical facts about SIDS. Write for: "Facts on Sudden Infant Death Syndrome", National Center for the Prevention of SIDS, 330 N. Charles St., Baltimore, Maryland 21201, or call toll free (800) 638-SIDS, (which is also the parent support counseling number).

Multiply Membership

Article on testimony wins media award

The NCNA testimony on cost containment in health care won the Nursing Media Award in Region 7 of Sigma Theta Tau, national honorary nursing society.

The award was presented at the Sigma Theta Tau Regional Conference on October 5 in Columbia, S.C.

The testimony was presented to the North Carolina General Assembly's Medical Cost Containment Study Committee last February and was published in the March-April *Tar Heel Nurse*. It was written by Frances N. Miller, executive director, who received the award.

The published testimony was submitted for the competition by the Beta Nu Chapter of the society at East Carolina University, Greenville.

On behalf of N-CAP, political action committee of the American Nurses' Association, Betty Erlandson, left, and Patti Hunsucker, right, present a check for $1,000 as a campaign contribution to Congressman Robin Britt. Betty is N-CAP's Congressional District coordinator for the Sixth District; Patti is president of District Eight Nurses Association. N-CAP cited Congressman Britt's outstanding record on health care matters when presenting the check and the N-CAP endorsement.

Nurses for Hunt target nine counties

Pat Ford-Roegner, political education specialist, ANA Washington Office, spent three days in North Carolina in August meeting with Nurse PAC and groups of politically active nurses who are working in the Hunt campaign for U.S. Senate. N-CAP, ANA's political action committee, has endorsed Governor Hunt and has contributed to his campaign.

Registered Nurses for Hunt have launched a nine-county project of telephoning registered nurses in support of Hunt. The project is headed by Janet Campbell and Audrey Booth as co-chairmen. Counties involved in the telephone project and the county coordinators are: Buncome, Rebecca Pitts; Mecklenburg, Cathy Hughes; Iredell, Irene Henline; Rowan, Jo Franklin; Guilford, Gene Tranbarger; Forsyth, Webra Price; Wake, Betty Evans; Orange-Durham, Norma Willhoit; Pitt, Helen Abbott.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

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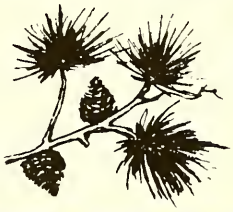

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OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION November-December 1984

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Edward McElewee Stroupe of Greensboro received the Association's Medical-Surgical Nurse of the Year Award. He is a staff nurse in a telemetry unit at Wesley Long Hospital, Greensboro, caring for critically ill cardiac, stroke, and pulmonary disease patients.

Among his contributions to medical-surgical nursing practice are: leading workshops for nurses on physical assessment and making nursing diagnoses; development of an innovative approach to assisting patients taking multiple medications on how to take their medications safely after they are discharged from the hospital; development of a communication system for illiterate tracheostomy patients who cannot speak.

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The Board also announced the establishment of a new award, the Frances Newson Miller Award as its highest honor to a non-nurse who demonstrates commitment and leadership in championing the nursing profession and its values and goals. The first award was presented to Miller, NCNA executive director since 1972. A plaque bearing her name will hang in headquarters and will bear names of future recipients.

(Continued on page 20)

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ISSN 0039-9620

TAR HEEL NURSE

UNIVERSITY OF NORTH CAROLINA

Vol. 46, No 6 OFFICIAL PUBLICATION OF THE NORTH CAROLINA NURSES ASSOCIATION November-December 1984

NCNA honors members, staff at awards event

At the 1984 convention two members were honored for their clinical practice, two for writing excellence, and one for membership recruitment efforts. Two staff members were honored by the Board of Directors—one for outstanding service to NCNA and one for non-nurse contribution to the nursing profession.

Jerri M. Oehler, Ph.D., of Durham received the National-Child Health Nurse of the Year Award sponsored jointly by NCNA and the National Foundation March of Dimes. The award was check for $500, to be used for the recipient's continuing education.

irst photo) Dr. Jerri Oehler receives the 1984 NCNA March of Dimes award from Jack McGee, orth Carolina field representative for the National Foundation for Birth Defects. President Judy eamon looks on. (Second photo) Edward Stroupe, winner of the 1984 Medical-Surgical Nurse of e Year Award, is congratulated by Jane Ray, chairman of the Medical-Surgical Division, as resident Seamon applauds. (Third photo) Hazel Browning wipes a tear of excitement as she ceives from President Seamon the Board of Directors' Outstanding Service Award. (Fourth hoto) Frances N. Miller receives the first of an award named in her honor by the Board to cognize non-nurse contribution to the profession.

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(Continued on page 20)

Message from the President

Judith B. Seamon

Outstanding is only one of the superlatives which can be used to describe the 1984 NCNA Convention! Special accolades are richly deserved by the Convention Program Planning Committee, the NCNA staff, and the host districts for providing such an experience. All who attended left Asheville having been enriched with new knowledge and motivation by a program carried out with notable expertise in most hospitable surroundings. I know I speak for all participants when I offer sincere thanks for a job well done to all who worked so diligently.

Make your plans now to attend the '85 Convention in Winston-Salem which is sure to be a hit since it will be produced and directed by many of the same people responsible for the '84 success.

The end of our Convention marks the beginning of a new year for NCNA. Much remains to be done in order to complete successfully the current biennium. As we begin this new year, the task of significantly increasing membership remains paramount. A large membership base provides us with not only the financial resources, but also the human resources necessary to carry out the work of this Association.

Again, I challenge and urge you to accept your personal responsibility in making our professional association as strong as possible.

I wish each of you a happy and joyous Holiday Season and a Happy New Year!

N.C. nurses make historic pilgrimage

Helen S. Miller and Mary Mills, distinguished North Carolina nurses, participated in September in the First National Pilgrimage to the grave of Mary Eliza Mahoney in Everett, Massachusetts.

Mary Mahoney was the first black professional nurse in America. She graduated from the New England Hospital School of Nursing in 1879. Her burial place was discovered in 1972 by Helen Miller and family members. American Nurses' Association and Chi Eta Phi Sorority, Inc. restored the grave and a monument was erected in 1973. Mrs. Miller has prepared a manuscript on the life and history of Mary Mahoney.

The pilgrimage included representatives of the Sorority, ANA, recipients of the Mary Mahoney Award, and black nurses associations.

HEAD NURSE

The Moses H. Cone Memorial Hospital is seeking an individual to coordinate and direct the management of a 22 bed acute care psychiatric unit.

Psychiatric and management skills required. Good people "skills" a must. Must be able to work flexible hours.

Liberal Benefits Package

Join us for primary nursing in a caring environment

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Call Collect (919) 379-4489

ABOUT PEOPLE

Lue-Anne McSwain of Cary is representing NCNA on the Advisory Committee for a prenatal education outreach campaign being launched by the Division of Health Services ... **Katherine "Tommie" Pratt,** F.N.P.-C., A.C.C.E., Greenville, was awarded the "National Chapter Volunteer of the Year" award by the American Society for Psychoprophylaxis in Obstetrics at the national convention in San Diego, Calif. ... **Webra Price** of Winston-Salem has been certified by ANA in Perinatal Nursing ... Several members of NCNA staff and District Thirteen were on hand November 15 when State Senator **Wilma Woodard** was honored by the YWCA of Wake County as a recipient of the 1984 Academy of Women award for achievement in government. She was nominated by District Thirteen ... **Carolyn Goforth** of Shelby received the award for outstanding achievements and contributions on behalf of mothers and children given annually by the Maternal and Child Health Section of the N.C. Public Health Association. Carolyn was the subject of a feature article in the Shelby newspaper as the award recipient ... **Laurel Archer Copp,** Ph.D., R.N., F.A.A.N., Chapel Hill, has edited a newly published book, **Perspectives in Pain.** She authored two chapters in the book ... **Audrey Booth,** Durham, received the Alumnus of the Year award from the UNC-Chapel Hill School of Nursing Alumni Association at ceremonies in November ... **Barbara Jo McGrath** of Lumberton, is the author of an article, "Completing the BSN Off-Campus," published in the September-October 1984 issue of **Nursing Outlook.** .... **Connie Wolfe** is the new director of the practical nursing program at Brunswick Technical College. She formerly was on the faculty of the nursing program at Fayetteville Technical Institute ... **Mary James** has been appointed director of the ADN program at FTI. She succeeds **Mercedes O'Hale,** who has retired.

Cancellation Notice

The "Spring '85 C.E. Conference" tentatively scheduled by NCNA for March 5-7, 1985, in Chapel Hill has been cancelled. This conference was announced in the July-August issue of the ***Tar Heel Nurse.*** Our apologies if this has caused any inconvenience.

Nurse PAC fundraiser is rousing success

By Hazel Browning

As NCNA staff prepared for the 1984 convention, we realized that Nurse-PAC would need a safe place to collect the proceeds from their fundraising activites. We provided a regular money bag from a local bank. As you can see from the picture on this page, PAC chairman Jo Franklin almost needed a **wheelbarrow** to keep up with the pledge cards, cash and checks collected at this year's convention!

Nurse-PAC committee members were overwhelmingtly gratified with the tremendous response to both the raffle and the challenge they planned and executed.

The challenge took place during the Wednesday, October 24, session of the House of Delegates. Since this process was unfamiliar to most convention participants, Nurse-PAC members took lots of care to pre-plan and orchestrate the happening. Sandra Randleman was kind enough to agree to "kick-off" the challenge, and she did so with a bang! Convention delegates and other participants caught on quickly and responded by opening their wallets to the many challenges that came forward. Nurse-PAC sincerely thanks Sandra for being gutsy enough to challenge both parliamentary procedure and her peers, and they express thanks to all who participated to make the challenge a success. Your commitment to political action in nursing netted over $2100 in 15 minutes!

The second phase of Nurse-PAC's fundraising efforts this fall culminated at the Nurse-PAC social hour on Friday, October 26. Raffle tickets had been sold for several weeks before and during the 1984 NCNA convention. During the social hour, the lucky raffle tickets were drawn. Debbie Hutchinson was winner of the third place prize, a case of North Carolina wine. The second place prize was a framed cross-stitch wall hanging of the NCNA logo, and Mary Ammons held the winning ticket. Finally, the first prize, a three day, two night Valentine Getaway at a beautiful condominium on Indian Beach, was won by Carol Osman.

Nurse PAC chairman Jo Franklin may not be Irish, but she was really "in the green" after the Nurse PAC Challenge.

Nurse-PAC also expresses thanks to all who supported this actiivity by purchasing a ticket. The fundraiser was successful, bringing in $1800 for the N-PAC treasury.

All who attended the October 26 social hour seemed to enjoy the opportunity to chat about politics and speculate about the November 6 election. Election day has come and gone now and the following is a recap of the track record for NursePAC endorsed candidates:

Council of State endorsements:
7 endorsed, 6 won;
House of Representatives:
47 endorsed, 34 won;
Senate: 20 endorsed, 15 won.

The Nurse PAC Challenge gets off to a lively start as Sandra Randleman, left, issues the first challenge. Soon other delegates (right) made their way to the mikes to challenge their colleagues.

Allred testifies for NCNA on hazard standard

Rachel Allred of Greensboro presented testimony on behalf of NCNA at a hearing conducted by Labor Commissioner John C. Brooks on standards on hazard communication.

Allred pointed out that North Carolina has adopted the federal (OSHA) hazard communication standard that states: "Nurses are not entitled to access to specific chemical identities (trade secrets) in non-emergency situations". Also, the standard excludes nurses from its definition of health profession but does include physicians, industrial hygienists, toxicologists, and epidemiologists.

Her testimony stated:

"At most work sites there are no physicians or other health care professionals except nurses who are the sole providers of health care to more than 75% of the 180 million people in the work force. What might happen to a worker if there were an accident and the nurse was uninformed?

By eliminating occupational health nurses from its definition of health professionals OSHA has singled out nurses for special exclusion. The major question to be addressed is, what about the health and well being of the worker who depends upon the nurse to promote health and prevent disease? Who will have access to the knowledge about the chemicals that are exposing the worker and his/her family to undue disease and injury?

Nurses are the largest group of health care providers in the nation; therefore, it is necessary that we take issue with the standard."

Willis Goldbeck:

Nurses in the new world of politics

The idea of a new world of politics is appealing. It should be particularly appealing to those who have found old world politics inherently oppressive. But new world politics—like old world politics—will hold certain truths self-evident.

The first is that the problem with nursing would not have been a problem had nurses been males. The issue is one of culture and power, not medicine and health. If you want power you have to exercise the processes to seize power, because there is surely nobody out there who is going to give it to you. Send women to Congress, and you will increase your chances. That is a political reality—totally contradicted by the behavior of American women consistently.

A second truth is that what happens with nursing will be more a reflection of other factors taking place in the society outside of medical care than anything happening within medical care. It is certainly true with things that are happening outside of the bounderies of nursing itself. This suggests, then, that the vision, the penetration, the presence of nursing has to enter arenas that have not traditionally been yours. This has to be far broader—therefore more complex, more frustrating, more costly, more time consuming.

We are seeing that some of the monoliths are breaking down. The traditional groupings are at least somewhat reshaped. Today in Washington the major presence from business on health issues is not just the old Chamber of Commerce. Today in Washington the AMA is not the only medical voice anymore. The specialty groups are in many instances more powerful than the parent group, and there are new coalitions. We recently participated around a political issue where the coalition was comprised of the American Association of Retired persons, the ALFCIO, the American College of Physicians, and the Washington Business Group for Health—a coalition utterly unheard of only a few years ago. We have participated strongly with nursing organizations.We took the lead in defeating the AMA's attempts to get out from under the antitrust requirements of the Federal Trade Commission. That could not have been done unless nurses had behaved in a non-traditional fashion, and there were many nursing groups around the country who would not support their national offices in that exercise.

Politics has historically seemed like a bad thing to many in the professions, as though somehow being a professional placed one on a higher plane. All that I can tell you is learn from your fellow professionals who have been playing on the field of politics for a long time and keeping you off of that field for an equally long time. Politics is neither inherently good nor bad. It is in fact essential. You can play well; you can play dirty. You can win; you can lose. You only cannot afford not to play.

Politics requires investment

The political process is not cheap. If you wish to be successful politically, it takes an investment in dollars as well as in time. If it is uncomfortable entering the political arena, you are better staying out than going in cheap, because then you will be playing and losing directly, and that is even worse. But that need not be the case. And I think there is a third general reality that the new world politics will also have to cope with (this is more specific to the world of nursing) and that is that the vast majority of nurses won't give a damn no matter what goes on. In every other group in the society, the majority don't give a damn what goes on. And if you don't believe that, read the newspaper. Consider if everybody is active and seriously caring and if that's reflected in policy—and of course it is not.

The challenge therefore is one of leadership—new leaders for a new politics. One of the greatest difficulties right now is that many who are cast in the role of leadership are in conflict with one another about the goals, much less the processes, or how things would be implemented. That too is true within nursing. By dent of your attendance here, you have indicated a willingness to make that investment to become some of those leaders to see that there are changes. You can't be successful without taking risks. The new politics will not function as a comfort zone. I would like to know what in your mind is the most critical political issue? You are answering: nuclear war, finance, poverty, equal rights, education of the next generation, the deficit, health care costs.

This address was presented at the 1984 NCNA convention by Willis Goldbeck, president of the Washington (D.C.) Business Group on Health.

Willis Goldbeck

None of you mentioned anything specific to nursing. All clearly related, but not specific, and other than the economics issue of health care, none specific to either health or health care, including nothing specific to medicine. That is terrific, because the future we are moving into is not only going to be more complex, it is also going to be longer than any other future any of our predecessors ever attempted to look at. And the future from a longevity prospective is a women's issue—basically, blatantly, a women's issue. And that is a terribly difficult thing to deal with in a society run by men who tend to revere but rarely respect.

Longevity issue

The reality is that there is probably no other issue (other than the nuclear one) which will command as much the presence of women in America as will dealing with the longevity of our new future. We don't know how to think about that. We have a hard time coping with 1975—and its residue. We don't abandon our elderly—they outlive us.

The greatest failure of the American political system is the short sightedness of the process and what it does to those in office. The reality is that you find precious few people in the political system (whose jobs are geared to two and six-year terms) who are passionately concerned about the next century. It is up to us to infuse them with that interest and passion and knowledge. They will not get it in on-the-job training. They will never address things like long term care intelligently, because they don't plan for it, because they aren't going to be making the decisions or signing the checks or approving the budgets.

When you start looking at who the population really is, it is not what the cartoons would have us to believe. It isn't what our fantasies often call for. It is certainly not what our political leaders often stand in front of us and pledge to support—the integrity of the Americn family, the man at work and the little woman at home with babies, right? Wrong, it doesn't exist. Less than 10% of the households in America are made up of that stereotype. Forget it. Don't vote to bring it back. Vote to improve the reality of those who live here.

The households of the past had one message coming into the house. There was one information source. First it was the member of the household who left the house for commerce and brought back messages. Subsequently, it was the one radio station that played a few hours. And then it was the one television station and the local newspaper, and now it is all five televisions. We don't have single sources of information, and we aren't going to have single families in the sense

that they have a single message of a policy. It means that all those family members are going to have different voting patterns, different belief structures, all as a result of an infusion of information that will not be from a single source. It is an untalked about and terribly important factor of the changing culture. There is no turning back from that anymore than there was turning back from the incredible success of being able to create an aging population.

Look at ethnicity. In addition to the obvious compelling factor of women in the work force and the growing presence in more significant roles of our black citizens in the work force, and the explosion of Hispanics in the work force, the new American immigrant is not your friendly European. It is your friendly Asian, Middle Eastener, African. They come with exactly the same motivation that our mothers and fathers arrived with—the same hopes, the same aspirations. However, they come with different epidemiology, different values about the most basic things such as death, spirituality, the role of the individual. Interestingly they have no difference of values about education, economics, or politics. But this is a new group of Americans, and we don't know how to deal with that, either.

Exercising leadership

In a health care context there is no group in this country that will be in a greater position to exercise leadership in dealing with the new Americans than the nurses of America. We are looking at a new work future—a future in which one no longer need have full employment to achieve full productivity. We have no idea what to do about that. You are going to be facing that. That is going to be one of your great challenges. It is a fruitless cause to pretend that the hospitals won't or shouldn't get rid of nurses as they figure out how to die gracefully. A number of them are going to die, and a lot of them don't want to make it gracefully. But that doesn't mean there is going to be less medical care or health care in America. There is going to be more—more care, more people in need, more complexity, and more opportunity for you to do, and to do well.

Just look at some of the realities around medicine: virtually a totally new pharmacopoeia is being developed, with space medicine being the more dramatic; new chemicals that can be both combined and separated in a space environment not replicable here on earth; a whole array of disease entities that will go away, certainly to be replaced by others (probably at least one of which will come down from space). And we don't know what to do about it. There are implants for body monitoring systems, transplants of virtually all parts, mental health problems often controlled by that new pharmacopoeia, genetic screening, subsequent genetic engineering, with all of the human rights and civil rights questions that that brings. There are issues of dying on demand; no such thing as infertility because of all the new toys we've got to play with; time-released drugs, so compliance will not be an issue. Consider aerobics by electronic device, nutrition without food.

Clearly there will be different professions, different categories of professions, different rules as to who is and who is not; how one gains access. The vast majority of medical information will be typed by telecommunications and will be accessible to all. There will be no such thing as being behind the learning curve unless you chose to be. Because all that will need to be known, all that has ever been known, will be available at the push of a button. In all of this there is only one guaranteed ingredient that has to always be provided by you—touch. There is no other choice and there is no other source. That part of your job is secure.

The professions themselves obviously are all in the same boat, reexamining the ethics of various professions. We are grappling with the conflict between centralization and decentralization, and how it affects all of our lives personally, professionally, and institutionally. Within the context of the medical care system and your roles politically within it, we all need to come to grips with the concept of seeking balance rather than seeking absolutes.

Nursing needs to become a populous movement. The concept that if you are a good nurse you have not only technical skills but also you have a committement about the human role on this earth, sets you apart from a lot of other folks—and that is not something that is to be kept within the boundaries of medicine or even more generically of health. It is an affirmation of all qualities of caring and touching. It is perhaps an appreciation of new skills and new technology that can enhance human independence and challenge the role of institutions affirmatively.

No freedom of choice

But one of your great challenges is going to be that you are arriving at this point as we enter the era of accountability in the medical care delivery system, and there are folks (myself and others) who run around this country trying to squeeze a little honesty out of the medical profession about what they do and what it costs, and why, and so forth. That time honored ehtic of freedom of choice has been one of the most cleverly perpetrated frauds in our history. As a populous we have never had freedom of choice, because nobody has ever given us any information so that we could make an *informed* choice among hospitals or among doctors, knowing by practitioner name the price, outcome, utilization, service, the same as you would know even for the purchase of a pair of shoes.

The same questions are going to be asked of you. What are the outcome measures of nursing, of one kind of nursing versus another. You want direct reimbursement, fine. We have endorsed direct reimbursement for nursing. The first people that I heard from after that who said that was lunacy were nurses: we don't want that, no thank you; I like my comfort zone; I like saying "yes sir" and "no sir" and getting my pay check and going home. Nurses are like a lot of other people in this society. Not every auto worker wants to run the auto company and live on the bonus system either. Not every newspaper writer wants to be an editor, and sign the payroll checks. Reimbursement will require accountability down to the individual level; that's a new game. I would suggest that if you are sitting on the outcome measures, we don't know it; let them out. If you are not, somebody best get to work and figure out what they are. We would like to see the function of nursing be *independent* and the *process* of making nursing independent means that it is equally legitimate to be dependent. It is the system that must be independent.

There is a great opportunity for nurses to become more computer literate than physicians. If one only looks at the business practices of most of the medical community it would suggest that you have ample oportunity. That suggestion has not always met with great applause in main nursing circles, but is absolutely essential. There is no function other than hugging that you are going to be doing as a nurse that won't in some way or another be affected by the computer society.

The role of nursing in terms of health issues is not perhaps as clear, at least on the national level, as some of us would like to see it be. The voice of nursing on the smoking issue has not been all that it could be, and there is no reason why it shouldn't be. The health aspects of the environment is a great open topic area out there that is ripe to have nurses rush into. The next great generator of medical problems in America is our historical misuse of the environment and the confusion over how we will use it in the future, particularly in the area of genetics. Tremendous opportunities are there for nurses to become involved. We have tested and established standards for less than 500 chemicals. When the Toxic Substances Control Act came into being 10 years ago there were some 49,000 chemicals functioning in the work force. We have been adding more than 6,000 a year since then. There are very few people in any aspect of the health and medical delivery systems that know anything about toxicology and how to deal with th environment.

Legislative issues

Finally, let's talk about the legislative scene. I hope that nurses are all over Washington in the next couple of years. Changes to the Medicare system already are on the legislators calendar. Where is your voice in terms of DRG's? What about physician fees in DRG's? What about direct reimbursement for nurses, or did you mean to say that nurses should be the ones that pay doctors? Not a bad choice! But politically complex. Right now the battle is between should the hospitals pay the docs or the docs pay the hospitals. That sounds good enough so that I will bet you that the Congress drops that issue at the end of 1985 and lets it fade out a few *more* years! There will be a third party in there; why not? Why shouldn't we hire a nurse to be the gate keeper and give her $100,000 a year and let her buy the medical care, buy and rent doctors when she needs them! We used to do it. We used to do that, other cultures have done it. When a corporation has a responsible medical department and uses nurses in it, the nurses decide where poeple are going to go and when. It is not that radical an idea; it is a radical *economic* idea, which is why it is tough *politically* to achieve.

Now the DRG system is clearly on a path towards greater measures of severity, and that is the big word. There are three or four academic groups running around trying to conjure up measures of severity. Of course every measure of severity is a greater precision, is a greater complexity and gets you further away again from the whole concept of the stuff it's set up for. Where is the nurse's voice in designing the measures of severity? Who better to have a voice? Look at medical education and research.

The Senate Finance Committee has set itself on a publicly articulated course of having Medicare not pay for education within two to

(Continued on page 15)

Focus on Districts

by Betty Godwin

The Council of District Presidents met during the 1984 NCNA Convention. During the meeting, the following new officers were elected for 1985: Chairman, Eris Russell of District Twenty-Eight; Vice-Chairman, Loletta Faulkenberry, District Ten; Secretary, Linda Wright, District Two. The Board of Directors representatives, Debbie Craver, District Nine, and Gwen Waddle, District Eleven, will serve the second year of their two-year term.

The outgoing officers are Chairman, Annie Hayes of District Sixteen; Vice-Chairman, Chris Allen, District Twenty-One; and Secretary, Gale Johnston, District Thirteen. Congratulations to the new officers and many thanks to the outgoing officers.

During 1984 the Council supported two very successful programs. One was the "District Leadership Orientation Day" held June 4, 1984, and the other was the "Personal Board Member Project". These programs were successful in orienting new District officers and developing better communication linkages between the districts and the NCNA Board of Directors. The second district leadership orientation day is scheduled for June 3, 1985. The time and location will be announced at a later date.

During 1985 new ways to strengthen districts will be explored. Any suggestions should be sent to the attention of Betty Godwin at NCNA. Districts are requested to share newsletters and information on special district projects with NCNA. You may find your district featured in a future column of "Focus on Districts"!

This fall there have been numerous district activities that were directed at a common goal ... to increase nurses' impact on the future of local, state, and national government by exercising their right to vote.

For example, District Thirty sponsored a meeting in October, "N.C. Nurses in the Political Arena", presented by Cathy Hughes, previous chairman and current member of Nurse PAC. During the meeting, Cathy shared information about the candidates endorsed by Nurse PAC.

District Thirteen kicked off its 1984-85 program year with a "Meet the Candidate" night. House and Senate candidates were asked to present their views on third-party reimbursement for nurses and the Administrative Procedures Act. After this structured presentation, candidates and district members shared refreshments and informal conversation. All participants agreed that the event was a great success!

Other districts, such as Three, Five, Eight, and Thirteen, hosted "Meet the Candidate" forums. During these forums, nurses heard different candidates express their viewpoints and were able to dialogue with individual candidates. District Ten, with only 36 members, joined with the Burlington Professional Women's Club to sponsor a program, "Women in Government", presented by Bertha (Bea) Holt, member of the N.C. House of Representatives, District 25. Perhaps the most frequent activity to mobilize the nurse vote was the use of district newsletters to remind members to vote. Alice Erwin, President of District One, summarized in her President's Message a few remarks from *Power and the Powerless* that would certainly add a note of inspiration to anyone contemplating the significance of his vote.

Janice Mullins, Program Chairman, introduces candidates for the General Assembly and explains the format of District Thirteen's "Meet the Candidate" program.

Four RNs elected to nursing board

The Board of Nursing has announced results of the 1984 elections. Four registered nurses and one licensed practical nurse were elected to three-year terms on the Board.

RN's elected were: Frances R. Eason, Rocky Mount, educator; Elaine Martin, Durham, hospital employee; Janice S. McRorie, Charlotte, employee of a physician; Carol M. Morris, Charlotte, employee of an extended care facility.

The LPN elected was Sammy Griffin, executive director of the North Carolina LPN Association.

Vacation tours offered to members of NCNA

As a special membership service, three vacation tours in 1985 have been endorsed by the Board of Directors. The tours are conducted by Trans National Travel.

At least eight other state nurses associations are endorsing the same tours. North Carolina nurses taking either tour will join nurses from these other states.

A Caribbean Cruise departs Miami on April 27, 1985, for seven days and seven nights with stops at Nassau, San Juan, and St. Thomas. The price is $879 plus 15% tax and services.

The Alpine Country Tour (Frankfurt and Munich, W. Germany) for eight days and seven nights departs Raleigh-Durham on July 28, 1985, rendezvousing with other SNA's at Kennedy Airport. The price is $829 plus 15% tax and services. An optional extension of six nights in St. Moritz and Karlsruch costs $299 plus 15% tax and services.

A London tour departs Raleigh-Durham on November 9, 1985, rendezvousing with other SNA's in Boston. This tour is eight days and seven nights in London and costs $679 plus 15% tax and services. An optional extension of four nights in Paris costs $299 plus 15%, and a second option of three nights in Monte Carlo—Nice costs $199 plus 15%.

See the Trans National ad in this issue for additional information.

Constituency status

The ANA Committee on Bylaws has notified President Judy Seamon that NCNA bylaws are in conformity with qualifications of constituent SNAs.

Actions of the 1984 NCNA House of Delegates

• Dissolved the Ad Hoc Committee on Entry into Practice (created by the 1982 House of Delegates) and assigned further work on the entry into practice issue to the Commission on Education.

• Directed the Board of Directors to take some initiative to be the catalyst for addressing the need for a systematic statewide approach for nursing education in North Carolina, utilizing the widest possible participation by interested constituencies, and further directed the Board of Directors to give a progress report to the House of Delegates at the 1985 convention.

• Adopted the following resolutions:

Preserving the Statutorily Defined Boards of Health, Social Services, and Mental Health

Resolved, That the North Carolina Nurses Association oppose extension of the enabling legislation (GS 153A-77 that allows county commissioners in counties with populations of at least 325,000 to assume the functions and authority of boards of health, social services and mental health and support its repeal; and be it further

Resolved, That all nurses in North Carolina be encouraged to contact their state legislators to inform and educate them about this issue and solicit legislative support to repeal GS 153A-77; and be it further

Resolved, That the North Carolina Nurses Association send copies of this resolution to members of the General Assembly; to the Governor of North Carolina; to the Commissions for Health Services, Mental Health, and Social Services, to the President of North Carolina Concerned Citizens for Public Health, Inc.; to the President and Legislative Chairman of the North Carolina Public Health Association; the North Carolina Medical Society, the North Carolina Pharmacy Association, the North Carolina Veterinary Medical Association, other concerned professional organizations; and RN members of County Boards of Health.

Baccalaureate Education for RN Graduates of Associate Degree and Diploma Schools of Nursing

Resolved, That NCNA, through its Commission on Education, continue to monitor the level of education nurses will need; and be it

Resolved, That NCNA continue to encourage the baccalaureate nursing programs in this state to become more aware of problems faced by RNs who desire a baccalaureate degree and work vigorously with these RNs in order that the best possible solution may be found; and be it further

Resolved, That NCNA continue to inform nurses and the public that an NLN accredited Bachelor of Science in Nursing Degree is a prerequisite for admission to most masters in nursing programs.

Commending North Carolina Nurses Who Responded to the Needs of N.C. Tornado Victims

Resolved, That these nurses be commended for their ready, generous and valuable contribution of their professional skills in time of need.

RN Work Assignments

Resolved, That the North Carolina Nurses Association supports the individual nurse's right to accept only those assignments for which she/he is adequately prepared; and be it further

Resolved, That the North Carolina Nurses Association supports the individual nurse's right to refuse excessive demands for overtime or rotation of shifts without adequate recovery time; and be it further

Resolved, That the North Carolina Nurses Association develop guidelines and educate nurses to distinguish between the issues of patient abandonment and the violation of their right to accept or reject an assignment and report its progress on this project to the 1985 House of Delegates.

Resolution on Endorsement Of a Presidential Candidate By the ANA Board

Resolved, That the 1984 NCNA House of Delegates direct the NCNA Board of Directors to:

1. Communicate to the ANA Board of Directors our disbelief and dismay that the ANA Board of Directors disregarded the ANA bylaws, and
2. Communicate to the ANA Board of Directors our disapproval of their action in endorsing a presidential ticket, and
3. Request an explanation by the ANA Board of their action, and
4. Send copies of this resolution to each constituent member of the ANA.

• Adopted the following amendments to the Bylaws:

ARTICLE II. Membership and Dues

Section 3. Membership privileges
Members shall have the right to:

f. receive the *Tar Heel Nurse* and *The American Nurse*, and other NCNA membership communications, and

ARTICLE IV. House of Delegates

Section 2. Apportionment

a. Each constituent association shall be entitled to one delegate for every 15 members. The constituent association shall so structure its ballot that its elected delegates, insofar as possible, shall proportionately represent the identified interests of its members. Any constituent association with fewer than 15 members shall be entitled to one delegate. Each constituent association shall also be entitled to one delegate-at-large.

c. All delegates shall be elected annually by ballot.

ARTICLE XII. Standing Committees

Section 2. Terms
The following standing committees shall be appointed within three months after each odd-year convention to serve until their respective successors are appointed:

Bylaws
Continuing Education Review Program
Convention Program
Finance
Headquarters
Human Rights
Legislation
Membership
Resolutions

Section 8. Committee on Human Rights
The Committee on Human Rights shall consist of no fewer than five (5) persons representative of both sexes and a variety of ethnic groups. This committee shall:

a. Devise and recommend strategies to achieve equity within NCNA according to Article 1. Section 2.b. of these bylaws
b. Support equal employment opportunities in nursing for minority persons.
c. Assist nurses to practice effectively in a multi-ethnic society by promoting cultural awareness among North Carolina nurses.
d. Promote equity in terms of availabilty and accessibility to quality health and nursing care to underserved populations.

Important notice!

These bylaw amendments are printed in the format of the 1983 bylaws sent to every member through the *Tar Heel Nurse*. You can easily clip these amendments and paste them over the appropriate section or staple them to the margin.

NURSE TO NURSE

By Carolyn Billings, Chairman
Commission on Member Services

One of my husband's family members has been ill for several months. Much of that time the patient spent at home with around-the-clock nursing care. As we moved in and out of the household to visit, I had opportunity to talk at some length with individual nurses.

I was always interested about their choice of work. Why home care? Was it satisfying? Lucrative? Challenging? Most nurses spoke of it in terms of freedom. Yes, it was satisfying and challenging (not necessarily lucrative), but the satisfaction came from the independence. As one nurse put it, "I feel more like a professional; I'm pretty much my own boss". "There is a chance to do nursing the way I think it should be done", said another. "I can relate to my patient as a person—and I see her in the context of her home and family." Still another nurse put it more bluntly: "I have control over my schedule and over whether or not I feel clinically capable and confident to manage care for each patient I work with. I can maintain continuity of care as a primary nursing care provider, and I give total patient care—it's not fragmented as it is in other settings."

I am reminded of complaints nurses have had as long as I can remember—complaints about their work in more traditional nursing care settings. Is this the New Frontier for Nursing Practice? Home Care advocates say "yes". They brag that the nurse has more control over accepting assignments, over hours of work, over patient care routines. They point out that the nurse and the patient/family negotiate directly, which gives them both equal input into care alternatives. They note that the boundaries of nursing practice and medical practice are more clearly distinguished, that it is closer to joint practice when two care-providers discuss together their recommendations, each from his own area of expertise. They further state that home care is not only better for the nurse but also is a superior option, in many cases, for the patient and family. Quality of life, they explain, is determined by the individual and those with whom he or she interacts closely. Home, they believe, is the place for the kind of psycho-social-spiritual support that is so badly needed in times of illness.

While home care as a concept is as old as the hills, home care as a big business is not. Recent economic developments have enhanced the potential for the home care/home health arena, and various agencies are cropping up on the horizon to get a piece of the action. In its infancy, this approach looks good. It reserves hospital care for the special needs and frequently is a less costly option for all concerned. Nurses have the autonomy to practice creative, caring nursing; patients of all ages have the option of recovering (or dying) in their own environment. The task ahead is to protect this approach from bureaucratic encroachment. Layers of bosses, entrepreneurial invasion, cumbersome red tape, expanding complexities, profit motive, corporate structures, mushrooming organizations, can all spawn another unwieldy dehumanized system in which neither care-giver nor care-receiver feels in control.

In the haste to develop new markets and satisfy new demands it would be a real tragedy if we employed old methods which have already been known to fail in other areas. Nurses involved in advancing the "new frontier" should guard against borrowing practices, formulas, and approaches from systems which have failed to maintain a humanistic and respectful attitude toward patients and professionals. New frontiers call for new methods of trail-blazing!

Write and Win

The Public Relations Committee is seeking a public service announcement (PSA) to recognize nursing and Nurses' Week in North Carolina.

NCNA will distribute PSA's to radio and TV stations throughout the state for their use during Nurses' Week.

Write your own public service announcrment and win $25 if your PSA is selected to be used.

Deadline for receiving the announcement is February 1, 1985. Mail your entry to: Susan Boette, c/o NCNA, P.O. Box 12025, Raleigh, NC 27605.

Gero Division Hard at Work

The NCNA Division on Gerontological Nursing Practice prepared testimony that was presented to the Governor's Advisory Council on Aging on December 6. On behalf of the Gerontological Division, Gale Johnston, vice-president of NCNA, presented the testimony dealing with concerns about minimum standards for homes for the aged and disabled. The issues addressed were identified by the division after thorough review of the standards.

The Gerontological Division has been active in other arenas as well. In July of 1984, the division filed comments on Proposed Standards for Adult Day Health Centers. At that time, the Division Executive Committee recommended that the minimum qualification for the health care coordinator be changed form LPN to "a registered nurse." That recommendation was accepted and written into the proposed standards. The standards will now go to directors of two state agency divisions and, if accepted, will be the subject of public hearings in January.

Nurses participate in Health Vote '85

Margaret M. Bye of Raleigh is representing NCNA on the Health Vote '85 Advisory Board that will guide a mass media education project of the North Carolina Foundation for Alternative Health Programs, Inc.

The project will be conducted in the Triangle area (Orange, Durham, and Wake Counties) and Cumberland County. Its purpose is to raise public awareness of the issues related to the high cost of health care and to elicit public opinion about the options for controlling costs of health care.

March, 1985, will be Health Vote Month. During the month, media in the project area will feature health issues and multiple community groups will hold programs and discussions on the issues. April 15 will be Health Vote Day. Ballots will be widely distributed so that citizens can express their views on what steps can be taken to make health care more affordable.

Three NCNA district associations are participating in the Health Vote campaign activities—Districts Eleven, Thirteen and Fourteen.

**Take stock in America.
Buy U.S. Savings Bonds.**

'84 convention scenes . . .

(1) Delegates line up at the mike to debate the issues.

(2) These nurses are enjoying the view from the Sunset Terrace (and resting their feet) between convention sessions.

(3) AJN Editor Mary Mallison, left, and Dr. Laurel Copp were convention speakers.

(4) Convention-goers flocked to visit more than 50 exhibits.

(5) Brenda Bessard (fourth from left) leads discussion with a group of nursing practice administrators.

(6) Gale Johnston (left) and Carol Osman practice their sales pitch at the Finance Committee booth.

(7) This panel discussed "The New World of Economics: Implications for Hospital Nursing." Left to right: Webra Price, presider; Betty Trought, moderator; Pete Roye, representing the N.C. Hospital Association; William Benjamin Costenbader, representing the N.C. Medical Society; Carolyn Billings, chairman of the Commission on Member Services; Jean Crawford, representing nursing practice administrators; Woolie Wisham, representing staff nurses.

(8) NCNA members "get down" at Bill Stanley's Barbeque and Bluegrass during their leisure time.

THE NORTH CAROLINA NURSES ASSOCIATION

Presents

A DAY AT THE LEGISLATURE

March 12, 1985

Holiday Inn State Capital and State Legislative Building

AN EXPERIENCE IN THE LEGISLATIVE PROCESS and HOW TO INFLUENCE IT

The Holiday Inn State Capital will hold a block of sleeping rooms for Monday, March 11. A special rate of $40 (single or double) is offered to workshop participants. The block will be released on February 12. To make room reservations, call (919) 832-0501 and identify yourself as a NCNA workshop participant.

A block of seating for 50 student participants has been reserved at a special workshop fee of $20. Reservations for this group at the special rate will be taken on a first-come, first-serve basis until February 12. Any vacancies existing in the block at that time will be released to other registrants. Students who do not register by February 12 or who are not among the first 50 registering prior to that date will pay the NCNA member rate of $30.

A minimum of 225 registrants is required by March 1 for workshop production. A maximum of 350 participants can be accommodated by the facility.

A DAY AT THE LEGISLATURE

March 12, 1985

Purpose

To provide an update on key legilsative issues of concern to nurses, an understanding of the legislative process and tips on how to communicate as citizens with elected legislative representatives.

Target Audience

This workshop is planned for nurses and nursing students who have an interest in the legislative process.

Workshop Preparation

A segment of this workshop provides time for personal visits with the participants' senators and representatives. Prior to March 1, each participant should write or telephone his/her senators and representatives for appointments. The appointments may be timed for the afternoon of March 12 from 1:45 to 5:30 P.M. Contact the lawmakers by letter addressed to: North Carolina General Assembly, State Legislative Building, Raleigh, NC 27611 — or — telephone your lawmakers in the State Legislative Building at (919) 733-4111.

Credit

CERPS/CEAPS Pending

Program

8:00 A.M.
Registration and coffee

9:00 A.M.
Welcome and overview:
Carolyn Goforth, Chairman
NCNA Committee on Legislation

9:15 A.M.
NCNA lobbying strategies:
Frances N. Miller, Executive Director

9:45 A.M.
Review of key legislative issues for nursing in 1985: members, NCNA Committee on Legislation and NCNA staff

12:00 Noon
Luncheon
Guest Speaker:
the Honorable Robert Jordan,
Lieutenant Governor (tentative)

1:15 P.M.
Adjourn to State Legislative building.
Attend sessions of House and Senate;
Attend committee meetings; confer with members of the General Assembly.

5:30 - 7:30 P.M.
Reception honoring members of the General Assembly.

PRE-REGISTRATION

"A DAY AT THE LEGISLATURE"

March 12, 1985

Name _____ Phone (W) _____ (H) _____

Address _____

( ) RN ( ) NCNA Member ( ) Non-Member ( ) LPN ( ) Student

Pre-registration Fee: ( ) $30 member workshop fee (includes reception)
( ) $40 non-member workshop fee (includes reception)
( ) $20 special fee for students in any nursing education program (limit - 50 students at this special rate. **See special notice on brochure)
( ) $20 special fee for *reception only*

NO REFUNDS AFTER FEBRUARY 26

Amount Enclosed $ _____

Pre-registration deadline: March 1. *All on-site fees will be $5 higher than those listed above.

Make check payable to NCNA and mail to: NCNA, P.O. Box 12025, Raleigh, NC 27605

(9) The Hanlon Mountain Cloggers were real crowd-pleasers at the Awards Banquet.

(10) Annie Hayes (center) presides as outgoing chairman at the meeting of the Council of District Presidents. At left is Betty Godwin, assistant executive director. At right is Gale Johnston, Council secretary.

(11) Presenters at a program on "Ethical Issues in an Age of Technology" are (left to right) Hettie Garland, director of nursing education, MAHEC; Susan Kennerly, chairman, N.C. Board ot Nursing; Mary Lou Moore, chairman, Commission on Practice; Marlene Rosenkoetter, acting dean, UNC-Wilmington School of Nursing; Patricia Rensma, assistant professor of philosphy, UNC-Wilmington.

(12) Presenters at a program on "The New World of Economics: Implications tor Nursing Education and Practice" are: (left to right) Mary Lou Moore; Sheila Englebardt, assistant administrator tor nursing, The Moses H. Cone Memorial Hospital, Greensboro; Laurice Ferris, director ot continuing education, UNC-Chapel Hill School of Nursing; and Sylvene Spickerman, chairman, Commission on Education.

(13) Presenters at a program on advances in health care technologies (or making big brother work for you) are: (left to right) Pat Ausband, chairman, Commission on Health Affairs; Gene Tranbarger, administrator for nursing, The Moses H. Cone Memorial Hospital; and Harriet Poole, director of information development, Rex Hospital.

(14) (Left photo) Carolyn Goforth, chairman, Committee on Legislation, is joined by Gale Touger, left, and Hettie Garland in discussing third-party reimbursement tor nurses. (Right photo) Carol Lindeman, R.N., Ph.D., dean of the School ot Nursing, The University of Oregon Health Sciences Center, is the convention keynote speaker.

(15) The Public Relations and Membership Committees joined to present a colorful exhibit about NCNA in action. Betty Pate, above, member of the Public Relations Committee gets credit for the hard work in putting the exhibit together.

(16) The Country Store was a busy place in the exhibit area. Members of District Two are busy getting the Country Store ready for shoppers.

Headquarters bulletin board

On November 27 several members of the staff simultaneously let out squeels of excitement! Committee members in the midst of a meeting jumped to see what had happened. Our new computer and word processor were coming in the door!

The equipment is installed in the front office, and we are walking back and forth in front of it getting acquainted. A few brave ones have actually put their hands on it.

We have been planning for this "blessed event" for a long time and had blocked out December and the first half of January 1985 as "protected time" for staff—no meetings—so that we could devote undisturbed time to learning as much as possible about our new equipment. We are trying to minimize "computer shock" by taking our time and utilizing consultation. We have made no promises about when the computer will be taking over any of our workload or what will be computerized first.

●

President Judy Seamon and Executive Director Frances N. Miller represented NCNA at a meeting of the ANA Constituent Forum December 4-5 in Kansas City. The Forum, composed of the presidents and chief administrators of ANA's constituent state nurses associations, considers nursing affairs of concern to ANA, and SNAs and the profession.

President Seamon also is chairman of the Constituent Forum.

The role and function of the forum itself was a major agenda item at the recent meeting. Discussion topics were mutual assistance and resource sharing among the SNA's, concensus building, the design of an effective communications system for a federation, and the method for implementation of decisions.

●

We have information in headquarters about the program of the 18th Quadrennial Congress of the International Council of Nurses to be held June 15-21, 1985, in Tel Aviv, Israel. Members visiting headquarters may look it over. Requests for copies of the information about the program and registration may be directed to Kenness International, One Park Avenue, New York, New York 10016, (212) 684-2010 or (800) 235-6400.

●

The Public Relations Committee has written to the producers of the CBS TV show "ER" a letter protesting the show's "vulgar exploitation of poor, disadvantaged, uneducated Americans who present themselves to health care facilities, ignorant of their health problems." The letter criticized the show for depicting nurses as unnecessary, uncaring, crass, flirtatious, and unprofessional and for accelerating the feelings of intimidation and loss of dignity by those who seek health care in the hospital setting. The letter also noted that the show missed a "golden opportunity" to communicate a positive message to Americans about the decisions that affect their health.

●

New officers have been elected by the NCNA Bargaining Unit at Durham VA Medical Center. They are: chairman, Diane Horton; vice-chairman, Mara Evans; secretary, Kay Helfrich; treasurer, Greta Powell. The unit has worked hard this year to increase its NCNA membership, and has made a gain of about 38 percent!

Nurses concerned hospital work hazards

A concern to all nurses, regardless of their employment setting, is a safe environment in which to work. A thought-provoking presentation on "Silent Hazards of the Hospital Setting" at the NCNA Convention emphasized the important roles of nurses as employers and employees in creating and maintaining safe work environments as well as safe patient care environments. The cost savings aspect of our employee health program was also a focus.

Of particular interest to nurses is the new graduate program (1980) in the UNC School of Public Health offering both a masters and a doctoral degree in Biohazard Science. This preparative will provide new career opportunities for raises and other health professionals. For further information direct inquiries to Dr. Jerry Tulis, Director, Biohazard Science Program, School of Public Health, UNC - Chapel Hill.

- Ruby L. Wilson

ANA gives testimony on practice regulation

Representing ANA, the National League for Nursing, and the Commission on Graduates of Foreign Nursing Schools, former ANAN president Anne Zimmerman, R.N., F.A.A.N., presented testimony on the regulation of nursing practice to the Long-Range Planning Committee of the National Council of State Boards of Nursing at an invitational public hearing of the committee October 29 in Chicago. The committee is developing a plan to guide the future directions of the council.

Anne Zimmerman reiterated the position of ANA and NLN that the nursing profession must remain accountable for the protection of the public health and welfare with a minimum of governmental regulation and with diligent attention to the checks and balances that must exist between professional and governmental regulation of the practice of nursing.

ANA and NLN support the legal regulation of nursing practice through state nursing practice acts, she said, and because "nursing is one occupational field, there should be one nursing practice act that licenses both registered nurses and licensed practical nurses." Further, neither legal statutes nor administrative rules that accompany such statutes should be used to identify categories of or qualifications for nurses who are specially prepared to perform a given set of functions that already fall within the broader scope of nursing practice as identified by the profession. ANA and NLN oppose licensure of nurses by specialty or state government regulation of specialty practice. Neither practice acts nor administrative rules are the vehicle for a profession to effect an evolving scope of practice."

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Judy Seamon

President reviews year's progress towards priorities

My presentation to you at this convention marking the mid-point in our biennium will be a progress report on how we are addressing the priorities the House of Delegates established for the association in 1983.

The 1983 House "determined our destination' for the 1983-85 biennium by adopting six priorities. These priorities have served to direct the activities of the board of directors and all other structural units of the association since the 1983 convention and will continue to do so throughout the remaining year of the 1983-85 biennium. My report will highlight what has been accomplished to date and suggest some areas that still need attention.

With the "determinants of our destination" in hand, your board of directors retreated to the coast in early December 1983 for an intense winter work session. The objective was to "chart our course" and "shape up our ship." Our time was invested in a thorough orientation to the structure and function of NCNA, to our responsibilities as members of the board of directors, and to consideration of each priority, developing strategies for their implementation, and to assigning each strategy to a specific structural unit.

Then we "prioritized" the priorities in order to address the needs of the association in a timely manner. With that document in hand, the January orientation for all commission and committee chairmen and members was held to "chart our course" and "shape up our ship" more specifically. That experience was especially motivating for me because of the enthusiasm and interest of more than 100 members who attended.

So our journey began with a well prepared "crew" allowing us to "navigate with skill," "ride out storms," and "stay on course."

You have at your tables copies of the priorities as reordered by the board. Please follow along as we discuss each one.

Priority #1: To strengthen district/state communication and relationships to build a stronger organization of better informed members.

Just as the strength of our national organization is dependant upon the strength and viability of its 53 constitutent state nurses associations, the strength of our state organization is dependant upon the strength and viability of our 34 district nurses associations. It is evident that your board of directors was sensitive to this concept when they placed this priority first. Responsibility for implementation was assigned to both the board of directors and the council of district presidents. The strategies developed and implemented to date include:

1. A "personal" board member project;

2. Leadership training day for district officers (requested to become an annual event)'

3 Enlarging the responsibilities of the position of assistant executive director to include working more directly with the districts;

4. Anticipated additional services to districts as a benefit of updating the office operations by adding a computer;

5 Study by the ad hoc committee on structure of ways to enhance the district/state relationship.

There are some of the efforts which have been added to existing ones, such as representation of the council of district presidents on the board of directors, as provided in NCNA Bylaws, and continuing the headquarters staff support that has always been available to districts.

It is obvious that addressing this priority successfully can be accomplished only by strong collaboration between the state and district associations and by increasing membership to stabilize our financial resources and to provide adequate staff resources.

Priority #2: To sustain and strengthen NCNA's role as spokesman for nursing in the legislative arena and provide guidance in the framing of the legal base for the practice of nursing.

A multifaceted approach and cooperation among several structural units have been required to address this priority.

1. First, the headquarters and finance committees have worked closely with the board of directors and the executive director to provide adequate staffing for our association. We now have three full-time professional staff members. In addition, we continue to be effectively represented on a regular basis in the General Assembly by our two registered lobbyists and when necessary by our legal counsel.

2. The headquarters and finance committees and board of directors are also finalizing plans to update the office operation with computerization and word processing. This ultimately will enhance our capability to communicate with our constituency so as to respond in a timely manner to legislative issues.

3. NCNA and the North Carolina Board of Nursing leadership continue to maintain one of the most exemplary relationships in the nation. This is absolutely essential for progress and is the result of mutual respect, cooperation and vision.

4. The legislative committee has had numerous major projects:

- Activities of the subcommittee on third-party reimbursement, including an invitational conference to prepare for grassroots lobbying on the reimbursement issue;
- Updating the telephone tree network;
- Plans for the 1985 "Day at the Legislature" legislative workshop;
- Monitoring issues before legislative study committees. This activity included extensive testimony on the cost-effectiveness of nurses as health care providers.

Legislation important to nurses that may be initiated by our association or by others will require a major investment of effort and resources. The 1985 session of the General Assembly promises to be as challenging as ever, careful preparation will enable us, however, to be able to act and respond, rather than only to react to situations.

5. Nurse PAC is maturing and becoming more effective, among its achievements this year are:

- Refinement of the process for endorsement and financial contributions to legislative candidates;
- Development of a process for endorsement of Council of State candidates and endorsement of these candidates for the first time;
- Cooperation with ANA's N-CAP in their endorsement of Governor Hunt for the U.S. Senate and of several congressional candidates.

Our political action committee must have increased membership and contributions to candidates if they are to be effective. Endorsements with campaign contributions in critical races can be equated with "putting our money where our mouth is."

Priority #3: To support and facilitate the transition of ANA to a federation of SNA's so as to enhance the identity of NCNA and the image of nursing in North Carolina.

This priority has been addressed:

1. By the board of directors in its support of:

- Monitoring of the ANA board meetings by the NCNA executive director and/or president;
- Collaborative efforts with other SNA's sharing similar concerns about strengthening the federation;
- Development of a proposal identifying the concepts essential to strengthening the federation and working for its acceptance at the ANA convention;
- Financial assistance for ANA delegates, augmenting the generous contributions from the district association.

2. By North Carolina delegates to the ANA convention in their total commitment to this priority prior to and during the convention.

3. By the Ad Hoc Committee on Structure in evaluating NCNA structure and its plan to propose recommendations to the 1985 House of Delegates.

Priority #4: To increase the number of nurses who participate in the shaping of the nursing profession.

The continuing and urgent need for this organization is an increased membership base. Our dues income is responsible for over one-half our entire budget and provides the "hard money" upon which we can safely base our staffing and programs. In addition, our influence is greatly enhanced as we speak for a large number of nurses who support this association with their dollars as well as their efforts. Our need is one felt in every state nurses association. We must focus on meeting this need continuously and more effectively.

The Membership Committee has been very active and has:

- Produced a new membership brochure and is planning a second;
- Originated the "five for free" project to stimulate recruitment at the district level;
- Developed membership strategies to be implemented at the district level;

This is President Judy Seamon's annual address to delegates, delivered on October 24, 1984.

• Evaluated and developed several membership marketing methods and tools;

• Demonstrated membership growth during the past year.

Ultimately membership recruitment is the responsibility of each of us—because the proven method is one-to-one contact.

This priority also has been addressed by the Commission on Health Affairs in their activities related to:

1. Offering assistance to the Gerontological Division in working to improve standards of health care for the aging;

2. Supporting the appointment of RN's to local boards of health.

In addition, the Human Rights and Norminating Committees are pursuing strategies to increase the involvement of minority nurses in NCNA acitivites, particularly by encouraging them to offer themselves for elective and appointive leadership roles in the association.

Priority #5: To advance the professional status of nurses in the workplace and the economic position of nurses commensurate with professional responsibility.

The Commission on Member Services has major responsibility for the economic and general welfare of nurses and has addressed this priority with vigor. The Commission's major activities are:

1. Support for the association's only bargaining unit—at the VA hospital in Durham—which has achieved a 38% increase in membership in recent months.

2. Examined the association's current membership benefits that are economically advantageous, evaluated possible new ones, and this year completed arrangements for a new benefit—an automobile purchase plan. Additional group insurance benefits are being evaluated.

3. Sponsoring a regular column called "Nurse-to-Nurse" in the *Tar Heel Nurse* dealing with employment and professional concerns.

4. Revision of the NCNA recommended employment standards for registered nurses, with publication scheduled for January 1985.

5. Assistance to private duty nurses in evaluating their need for a structural unit in NCNA and in addressing some of their economic concerns.

6. Drafted a resolution to present to this House of Delegates on the right of an RN to refuse a work assignment.

Priority #6: To promote and project high standards of nursing practice and education.

Clearly we must state and restate to ourselves and others that it is the exclusive responsibility of the professional association to set and protect standards in nursing practice and nursing education. At no time can we abdicate this responsibility.

The Commissions on Practice and Education are the primary groups to address this priority.

The effort of the Commission on Practice have included:

1. Responding to specific practice issues and questions;

2. Exploring funding sources for a project to increase knowledge and utilization of the ANA code for nurses;

3. Extensive activity of the Gerontological Division in developing an information base and suitable project to meet the health care needs of the elderly.

The Joint Practice Committee has continued its dialogue with representatives of the North Carolina Medical Society regarding issues surrounding the practice of nurses in advanced roles.

The Commission on Education efforts have included:

1. Gathering data on requirements and availability on BSN programs for RN's.

2. Developing awareness among nurses of the disadvantages of seeking bachelor and masters level preparation outside nursing.

Other activities of structural units have been aimed at expanding practice opportunities for nurses and affecting the standards for delivery of care to North Carolina citizens. An example is the testimony of the Commission on Health Affairs on the draft state medical facilities plan, making a number of recommendations focusing on the use of nurses in upgrading standards of care, particularly for the aging.

3. Continued study and attention to the entry level issues. Perhaps the greatest challenge related to this priority is to achieve ongoing, productive dialogue between practice and education that will enhance congruency of all aspects of nursing.

The committees that contribute to the overall program of NCNA and address in some way each of the priorities include:

1. Workshop Planning Committee—their charge is to generate a substantial portion of our budget with excellent continuing education.

2. Continuing Education Review Program—these members handle the arduous task of program review and are currently preparing a recommendation regarding whether NCNA should now seek ANA accreditation.

3. The Bylaws and Resolutions committees, of course, stand ready to prepare proposals on important issues for the response of the House of Delegates.

The Convention Program Committee each year faces the enormous task of planning a major event that will please a most diverse group! To them we owe much gratitude for planning a program that will challenge us, teach us, and make us grow professionally.

This report would be grossly incomplete without acknowledging the meritorious, exceptional commitment of our headquarters staff. I have come to appreciate more fully the long hours of hard work of each of them. They are really the ones who keep our ship on course-all the while giving us the credit. This year has been especially challenging, and I wish you all would join me in expressing our gratitude to them.

We are half way through our journey. With the momentum we have, we will accomplish even more by 1985. □

Goldbeck speech

(from page 5)

three years. Whose education? Where? It hasn't gotten that far. Yet you might want to have something to say about that. There is the whole question of disclosure and the PRO targets (that is going to be a hot topic.) Those who like to get rid of the professional review organization because they don't want to be reviewed are going to say that the targets are bad. The only problem is that there is a physician that is bad, or the hospital was bad, because the targets don't keep people in and out of the hospital. But nonetheless the targets are going to be attacked. In your individual state, do you all know what the targets are to the PRO in North Carolina? How will targets be modified? Who has the responsibility to modify.

A topic that has come (sort of out of left field) to be rather high on the political agenda is malpractice. There are now four major malpractice bills in Congress for next year. It looks as if the Congress may actually attempt to move that. As yet I have not heard of any nurse participation at the federal level in the dialogue of what happens to malpractice. Do you participate in the dialogue around the flat tax? The tax reform issues? Do you realize that if the flat tax passes there are no more dollars for fringe benefits? I don't know that that is bad. The question is, are we on top of it? These are tax bills, not health bills.

I have great belief that the leadership that I spoke about at the outset can come from you, and other places like this around the country doing just what you are doing. I have absolutely no belief that it is going to come from anywhere else. It is not going to come by waiting, and it is not going to come from the always obvious persons, and it is certainly not going to be easy. The fight economically in the land over reduced resources applied to medical care (which is a choice not a mandate) is a major question about which nursing needs to become militant. We are under no economic mandate to ignore the medical care needs of our citizens. We choose to do that by allowing excess to go on and deciding that it is better to build bombs than bodies. That is a choice not a mandate. But when we make that choice we make it in a political arena, and we must look to you, to different kinds of groups, to new processes, to generate new leaders. This is true at the local level, working to throw out old medical practice acts that are detrimental to health, much less to the health professions; to figuring out how to articulate the nurse movement as a pro-health movement, not a pro-reimbursement movement; how to form new allies and recognizing that the process never ends.

When you enter that political arena it is forever, because that process is at the heart of our whole system of governance, and it isn't going to go away. I urge you to do that which you clearly have the capability to do, and that is to take nursing in its most ultimately caring human functions out beyond health to the betterment of society at home, and that indeed is a political process. □

THANKS to our districts

The 1984 NCNA Convention was a success by all reports. Programs ran smoothly, speakers enjoyed a taste of southern hospitality, registrants enjoyed the "goodie bags" and found treasures in the country store, and even the CERP process went as smooth as silk! A lot of credit for all of that goes to the districts who assisted in the Local Arrangements Committees. Representatives from Districts 1, 2, 23, 26 28 and 34 did a yeoman's job which made the 1984 convention enjoyable for all. Thank you!

The Convention Program Committee and NCNA Staff

Achievable balance described between technology and touch

By Betty Pate

Referring to John Naisbitt's *Megatrends*, Mary Mallison, *American Journal of Nursing* editor, told a 1984 NCNA Convention audience in Asheville: "We're becoming a high-tech, high-touch society."

She described implantable devices: defibrilators, chemotherapy delivery systems, antibiotics, anticoagulant and cardiogenic drug delivery implants that have sensors and timers and would be automatically released into the body without physical intervention by a care giver.

Mallison, like other convention speakers, made reference to technology, but described an achievable balance between touch and technology in the nursing profession.

As an example, she cited monitoring devices that pick up a decrease in intercranial pressure (in a head trauma patient) when the nurse stroked his temples.

Mallison asked: "Are we headed for less invasive therapy? Would biofeedback, relaxation therapy, guided imagery—and even hypnosis—help more patients?"

Factor VIII (found in human blood) has now been cloned. It is the largest and most complex protein yet created (artifically) in the laboratory. It is, however, years away from being commercially available to help 20,000 hemopheliacs in the U.S. Albumin has already been cloned. When available, there would no longer be a need to fractionate these components from human blood.

Mallison described lithotripsy techniques to destroy kidney stones by the use of sound waves. The patient is anesthetized, lowered into a hydrotherapy drum bath which conducts a spark and sends shock waves that are focused on the stone. The stone is pulverized and excreted as sand. The hospital stay is considerably less than in surgical intervention—3 to 4 days as opposed to 10 to 14 days. Another bonus is early dissipation of pain. Patients are pain free within one month as opposed to six months and/or one year.

A radiation oncologist recently indicated to Mallison there is an increase in head and neck cancers in young marijuana users, particularly males. Head and neck cancer nursing is among the most demanding because of the disfiguring (sometimes mutilating) surgery and radiation implants, Mallison said. "While the high tech is important (as Pat Benner has expressed so well), the very way a nurse looks at a patient's wound offers the patient a new way of looking at it himself. If the nurse sees beyond the grotesque, the patient learns that perhaps he too can grope toward acceptance."

Technology also is bringing us amazing new software that staffs by census, staff education, and patient acuity levels; software that manages infection control programs, produces daily culture results, identifies sensitivity and resistance and clusters of patients on the same unit affected by the same organism. There is software that does problem solving, establishes protocols and gives a range of dianostic possibilities in difficult to diagnose cases. Pre and post operative protocols standing tests and procedures, care plans, orders and teaching information can be pulled up on the computer in seconds, releasing the nurse for more direct patient contact.

There are home diabetic monitoring devices that compile data through touch tone entry and voice synthesizer response, and there are information management systems for psychosocial services to patients. In this instance, patient history information is compiled with matchcluster information for a more personalized treatment plan.

Mallison concluded: "Skilled nurses infuse meaning into technology—and portray a new knowledge into the body and mind."

Calendar of Events

The following "Calendar of Events" will inform members of meetings of NCNA structural units and other related groups and agencies. All structural unit meetings will take place in headquarters unless otherwise indicated.

Meetings of the NCNA Board of Directors, committees and commissions are open to the membership. Members may attend to see the Association in action and to communicate with the elected and appointed officials. Members planning to attend should notify NCNA at least two days prior to the meeting, so that we can plan for adequate seating and plenty of coffee!

Date/Hour	Event
December 7, 10 a.m.	Commission on Education
December 8, 9:30 a.m.	Federation of Nursing Organizations
December 13, 10 a.m.	Finance Committee
December 24 and 25	Christmas Holidays, office closed
December 26, 27, 28, 31	Staff vacation, office closed
January 1, 1985	New Year's Day, office closed
January 4, 10 a.m.	NCNA Executive Committee
January 7, 10 a.m.	Ad Hoc Committee on Workshop Planning, Moses Cone Memorial Hospital, Greensboro
January 11, 3 p.m.	Executive Committee, Medical-Surgical Division
January 16-19	Board of Nursing, North Raleigh Hilton Hotel, Raleigh
January 17, 1:30-4 p.m.	Third Party Reimbursement Subcommittee
January 21, 8:30 a.m.	Subcommittees of Committee on Legislation
January 21, 10:30 a.m.	Committee on Legislation
January 23, 10 a.m.	Peer Assistance Program Committee
January 24, 10 a.m.	Ad Hoc Committee on Structure
January 25, 1:30 p.m.	Joint Practice Committee, NCMS Headquarters
January 24, 9 a.m.	NCNA Board of Directors
January 29, 9:30 a.m.	Commission on Practice
February 1, 10 a.m.	NCNA Executive Committee
February 4, 10 a.m.	Council of District Presidents
February 5, 12:30 p.m.	Membership Committee
February 6, 10 a.m.	Commission on Member Services
February 6, 10 a.m.	Convention Program Committee
February 12, 10 a.m.	Nurse PAC
February 15, 9 a.m.	NCNA Board of Directors
february 20, 9:30 a.m.	Nursing Practice Administrator Section
February 23, 10 a.m.	Conference Group of Psyche-Mental Health Nurse Specialists
February 28, 10 a.m.	Peer Assistance Program Committee

ACTIONS OF THE BOARD

The Board of Directors took the following actions at a meeting on September 28, 1984:

- Made adjustments in the budget to allocate an additional $150 for the Public Relations Committee to prepare an exhibit for this convention;
- Adopted policies governing the use of the NCNA membership list, pending approval of legal counsel;
- Adopted a policy for NCNA adivors to the North Carolina Association of Nursing Students;
- Voted to maintain the current policy of non-reimbursement of members of the Board of Directors for expenses in attending meetings and conventions;
- Voted to support travel of the executive director to Columbia, S.C., to receive the Region 7 Sigma Theta Tau Nursing 1984/Media Award;
- Accepted the recommendation of the Commission on Member Services to cancel plans for a spring C.E. conference;
- Approved appointment of Sue Head of Charlotte to fill a vacancy on the Commission on Education;
- Approved appointment of Joyce Monk of Farmville to fill a vacancy on the Commission on Member Services;
- Accepted recommendations of the Membership Committee to retire the membership recruitment/slide tape from use and to devise an interim recruitment presentation;
- Voted to request the House of Delegates to adopt an amendment without notice regarding assurance that NCNA members are entitled to receive *The American Nurse*
- Approved an increase of $50 in the fee for total program renewal review by the CERP Committee;
- Directed that the Board of Directors communicate to the ANA Board of Directors objection to the process by which the ANA Board endorsed the Mondale-Ferraro ticket.

At a meeting on October 23, 1984, the Board took the following actions:

- Adopted the recommendation of the Headquarters Committee for steps in the salary scale for NCNA staff;
- Directed the Headquarters Committee to evaluate market adjustments (cost of living) at the beginning of each biennium and present a salary recommendation to the Board;
- Directed the Finance Committee to recommend a percentage range for merit when the annual budget is presented to the Board;
- Made revisions in the Personnel Policy regarding use of sick leave and vacation time as sick leave;
- Directed the Headquarters Committee to evaluate the physical facility and grounds at the beginning of each biennium and make recommendations to the Board for maintenance and improvement, and to review personnel and headquarters policies as need arises and at the beginning of each biennium.
- Authorized the Division on Gerontological Nursing Practice to prepare testimony to be presented to the Advisory Council on Aging regarding concerns about standards for domiciliary homes.
- Formulated response to a questionnaire from the ANA Bylaws Committee on issues referred by the 1984 ANA House of Delegates.
- Authorized staff to confirm dates for the 1987 convention.
- Approved making available to NCNA members special vacation tours promoted by Trans National Tours for 1985.
- Voted to make a contribution to the Eloise R. Lewis Professorship Fund.

Professional Issues in Nursing

Workshop scheduled for February 12, Winston-Salem

By Betty Godwin

As recent as the 1984 annual convention, NCNA members gathered to focus on nursing in today's world. Never has the necessity been more evident for nurses to maintain a keen awareness of current professional issues that interface with a much larger matrix of technologic and economic environmental influence. To secure the future of the nursing profession, nurses must continuously update their knowledge of nursing issues and join together in the formation of a strategic unified plan to actualize our professional goals.

The Workshop Planning Committee is co-sponsoring a one day workshop, "Professional Issues in Nursing" with District Three, Eight, Nine, Ten and Thirty-one on February 12, 1985. The workshop will be presented by Carolyn V. Billings, R.N., M.S.N., in the Babcock Auditorium, Bowman Gray School of Medicine, in Winston-Salem.

Carolyn has been very involved with NCNA and currently serves on the Board of Directors and is chairman of the Commission on Member Services. This topic being a special interest area, Carolyn has presented similar workshops around the state and has received outstanding evaluations. Issues to be discussed include nursing management models, career ladders, job market situation, practice standards, and entry into practice.

The registration fee is $20.00 for members and $30.00 for non-members. Please

The registration fee is $25.00 for members and $35.00 for non-members. Please use the registration form below to register early. Registration deadline is February 5, 1985. If you have questions, please direct them to Betty Godwin at NCNA.

Professional Issues in Nursing

Workshop scheduled for February 12, Winston-Salem

Name _____

Address _____

Phone Number (home) _____ (work) _____

Employer/Position _____

Member _____ Non-member _____ Amount enclosed _____

Check _____ Money Order _____ Fee forthcoming _____

Write checks payable to NCNA and mail to:
Attn. Registration, NCNA, P.O. Box 12025, Raleigh, NC 27605

NEWS BRIEFS

• The ANA Ethnic/Racial Minority Fellowship Programs announce undergraduate scholarships from the Baccalaureate Completion Scholarship Fund 1985-86. The purpose of the scholarship award is to provide financial assistance to ethnic minority registered nurses for baccalaureate nursing education. Applicants must be licensed RN's, accepted by an accredited school of nursing pursuing a baccalaureate degree in nursing, and a member of the National Student Nurses' Association or a state nurses association that is a constituent of ANA. Application deadline is January 15, 1985. For further information contact: Ethnic/Racial Minority Fellowship Programs, ANA, 2420 Pershing Road, Kansas City, MO 64108 (816-474-5720).

• ANA certification examination for 15 practice areas and two nursing administration areas will be offered October 5, 1985, at 67 testing sites across the nation. Application deadline is April 30, 1985. For information contact: Marketing, ANA, 2420 Pershing Road, Kansas City, MO. 64108 (800-821-5834).

• The 36th Annual Meeting and Scientific Sessions of The American Heart Association, North Carolina Affiliate, will be held May 17-18 at the Raleigh Marriot Hotel. For information call (919-968-4453).

• "Faculty Practice in Action," the second annual nursing faculty practice symposium will be presented by the American Academy of Nursing on January 24-26, 1985, in Phoenix, Arizona. Registration deadline is January 14, 1985. For information contact: Nursing Faculty Practice Symposium, ANA Meeting Services, 2420 Pershing Road, Kansas City, MO 64108.

• "Aging in America: Achievement Promise", the 35th Annual Conference of the National Council on the Aging, Inc., will occur April 21-24, 1985, in San Francisco. For information write: The National Council on the Aging, Inc., Finance Department, West Wing 100, 600 Maryland Avenue, S.W., Washington, D.C., 20024.

• The North Carolina Coalition for High Blood Pressure Control, formed in March 1984, is comprised of professionals, lay people, and organizations concerned about high blood pressure. For more information and membership contact Ms. Becky Smith, Hoke County Health Center, 429 E. Central Avenue, Raeford, NC 28376.

• The National Conference on High Blood Pressure Control, will be held on April 28-30, 1985, in Chicago. The theme is "Unresolved Issues—New Approaches". For information and brochures contact Abbe Smith at conference headquarters (202) 944-3150.

• "Re-entry—Professional Issues: Rights and Obligations," the 3rd National Symposium on The Impaired Nurse will be held May 1-4, 1985, in Atlanta. The program is sponsored by Emory University, Nell Hodgson Woodruff School of Nursing, Georgia Nurses Association, and Georgia Board of Nursing. There is a call for abstracts of research on substance abuse by nurses. For abstract guidelines and further information on the symposium contact: Rose C. Dildoy, Professor Emeritus, Program Convence, Continuing Education Program, School of Nursing, Emory University, Atlanta, GA 30322 (404-329-7961/7965).

• Oncology Nursing Society's Tenth Anniversary Congress will be held May 15-18, in Houston, Texas. For information contact: Nancy Berkowitz, ONS, 3111 Banksville Road, Suite 200, Pittsburgh, PA, 15216 (412-344-3899).

• The 4th Annual International Conference on Cancer Nursing will be held September 7-12, 1986, New York, N.Y. For information write: Secretariat, 4th International Conference on Cancer Nursing, 404 Park Avenue South, Ninth Floor, New York, NY, 10016.

• *Political Action for Nurses* will be published in 1985. The purpose of the book is to provide a practical guide to positive change. Contributing authors include several NCNA members: Rachel Booth, Cathy Hughes, and Ann Newman. For more information contact Addison-Wesley Publishing Company, Nursing Division, 2727 Sand Hill road, Menlo Park, CA 94025-9979.

• A complete seminar in manual and cassette form is available to nurses interested in owning and operating a temporary health care service and/or medical employment agency. To receive a free cassette and information packet contact Eleanor B. Ashton, RN, Ashton Enterprises, Ltd., 18 Colony boulevard, Wilmington, DE, 19802.

• *MCN, The American Journal of Maternal/Child Nursing* is celebrating their 10th anniversary by conducting the "MCN Conference on High Tech/Intensive Caring" at the Baltimore Convention Center, July 14-17, 1985. *MCN* will be carrying further information as the time grows closer.

Nominating Committee seeks candidates

The nominating Committee is seeking names of members qualified and willing to serve in elective office in NCNA for the 1985-87 biennium. The election will be held in October, 1985.

A nominating packet has been sent to district associations and commissions for use in submitting suggestions and consent-to-serve. Deadlines for submitting suggestions is February 1, 1985.

The Nominating Committee also is seeking minority members to run for office. The Board of Directors has adopted a policy statement encouraging at least one minority nominee for each office. The policy statement defines minority as "the smaller number of votes of a deliberative assembly opposed to the majority with respect to nationality, race, religion, creed, lifestyle, color, sex or age."

In this issue is a consent form that can be used by any member to self-declare for office. Completed forms should be received at NCNA headquarters by February 1.

Members of the nominating committee are: R. Eugene Tranbarger, Chairman; Rachel Funderburk, Elizabeth McLean, Rebecca Pitts and Gwen Waddell.

NCNA Membership Tops 2800

That's right! For the first time in four years, our membership has exceeded 2800. As of November 1, our membership total is 2821—a net gain of 94 members over our October 1 totals.

Credit for this significant increase must go to our "grass-roots" recruiters. Those who "sell" membership in NCNA are painfully aware that it is a "one-on-one" activity that may require multiple long-term contacts. It is obvious from these figures that many of you have accepted that challenge and are dedicated to our continuing membership growth. I salute you and offer this reminder: New and revised recruitment tools are available from Headquarters to make your job easier. Keep those new members rolling in!

Gale Johnston, Chairman
Membership Committee

1985 NCNA NOMINATION FORM

PRESIDENT-ELECT, VICE-PRESIDENT, SECRETARY, TREASURER, 4 DIRECTORS AT LARGE, NOMINATING COMMITTEE, COMMISSION CHAIRMEN, ANA DELEGATES & ALTERNATES

I wish to run for the office of: _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER (Home) _____ (Business) _____

Specific Area of Practice _____

EDUCATION: (Please indicate those levels which you have completed.)

_____ Diploma _____ Associate Degree _____ Baccalaureate (specify BA, BS, BSN, etc.)

_____ Master's (specify MA, MS, MEd, etc.) _____ Doctorate (specify PhD, EdD, etc.)

PRESENT EMPLOYMENT POSITION: _____

FORMER POSITIONS HELD: _____

PROFESSIONAL ACTIVITIES: (Please list professional organizations or activities in which you have participated in the last 5 years, on the district/local, state, or national level. *Please do not include present offices in this section.)*

District/Local: _____

State: _____

National: _____

PRESENT OFFICES:

District/Local: _____

State: _____

National: _____

I will serve if elected.

(Signed) _____

THIS FORM MUST BE RECEIVED NO LATER THAN FEBRUARY 1, 1985. MAIL TO: NOMINATING COMMITTEE, NCNA, P.O. BOX 12025, RALEIGH, N.C. 27605.

Board of Nursing appoints Osman executive director

Carol A. Osman, R.N., M.S.N., of Cary has been appointed executive director of the North Carolina Board of Nursing. She has been acting executive director since February.

Carol A. Osman

Carol joined the Board of Nursing staff in June 1983 as assistant executive director. Prior to that time she held positions of assistant professor, East Carolina University School of Nursing; academic and research consultant, Rex Hospital, Raleigh; director of East Carolina University—Rex Hospital Nursing Education Project; nursing education consultant, Rex Hospital; instructor at Watts Hospital School of Nursing, Durham; and hospital nursing schools in Virginia and Tennessee; U.S. Army Nurse Corps.

She currently is enrolled in a doctoral program in educational administration and leadership at North Carolina State University.

Carol has been active in NCNA and District Thirteen. She currently is treasurer of NCNA.

NCNA honors members)

(from page 1)

Two registered nurses were honored as winners of the annual NCNA-*American Journal of Nursing* Writing Competition. They are Barbara Glover, R.N., M.S.N., nurse clinician at Rex Hospital, Raleigh, and Diana J. Shenkin, R.N., M.S.N., staff nurse at Duke Hospital, Durham, and nurse practitioner in Poly Clinic at N.C. Memorial Hospital, Chapel Hill. Their entry was a report of their study of the relationship between anxiety and exercise in nursing students.

Gwendolyn Waddell, R.N., of Durham, received the Association's 1984 Membership Promotion Award. She is president of District Eleven (Durham, Orange, Chatham, Person, and Granville Counties).

Gale Johnston, left, Membership Chairman, presents awards to Annie Hayes, president of District Sixteen, and Gwen Waddell, president of District Eleven, for district recruitment achievements. Waddell also received the individual membership recruitment award.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

Vol. 46, No. 6 **November-December 1984**

Official Publication of the North Carolina Nurses Association, 103 Enterprise St., Raleigh, N.C. Tel. (919) 821-4250. Published 6 times a year. Subscription price $12 per year, included with membership dues. Indexed in *Cumulative Index to Nursing and Allied Health Literature* and available in MICROFORM, University Microfilms International.

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